

**KIDS KLUB SUMMER ESCAPE 2019**

Monday – Friday  
7:00AM – 5:30PM  
Age: 5-12  
\$125.00/ Week  
June 19<sup>th</sup>- August 23<sup>rd</sup>

**WICOMICO COUNTY DEPARTMENT OF RECREATION & PARKS**

**Participant Information**

**Camp Location (check):**     Delmar         North Salisbury         Westside

**Participant's Name** \_\_\_\_\_ **Primary Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **City/State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Primary Email** \_\_\_\_\_ **Birth Date** \_\_\_\_\_ **Age as of 7.1.2019** \_\_\_\_\_

**Gender**  Male  Female **School** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Person Completing this Form** \_\_\_\_\_ **Relationship to Participant** \_\_\_\_\_

**Parent/ Guardian Information**

**Mother/ Legal Guardian Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **City/State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Email address** \_\_\_\_\_ **Employer** \_\_\_\_\_

**Father/ Legal Guardian Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **City/State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Email address** \_\_\_\_\_ **Employer** \_\_\_\_\_

**Marital Status of Parents**     Single     Married     Separated     Divorced

If Separated/Divorced, which parent has custody? \_\_\_\_\_

**Is there a problem with either parent visiting, talking with or picking up participant? Or any other pick up concerns?**     Yes     No

If yes, explain \_\_\_\_\_

**Emergency Contact Information**

Emergency Contact Information: Person(s) other than a parent who we may contact in an emergency situation in the event the parents cannot be reached. This section cannot be left blank.

Name	Phone Number(s)	Relationship to Child

Participant's Name \_\_\_\_\_ DOB \_\_\_\_\_

**Authorized Pick up Information**

Your child will be released only to the following in addition to the parent/guardian:

Name	Phone Number(s)	Relationship to Child

Please let those authorized to pick up know that they will need to bring in their state issued identification when picking up your child. If you need to add or remove someone on this list please contact the program director at 410.548.4900 X109 or at [bbelfield@wicomicocounty.org](mailto:bbelfield@wicomicocounty.org).

**About Your Child**

The Wicomico County Recreation and Parks is required to make reasonable accommodations for all participants in this program. The next few questions are asked to make sure your child has found a summer camp that matches his or her needs and provides a safe and suitable environment. We do not provide additional staff or resources for individual needs.

**Does your child have any dietary restrictions?** Yes No  
If yes, what kind, what are the signs and symptoms, and treatment(s)? \_\_\_\_\_

**Does your child have an allergy?** Yes No **Is an epi-pen used to treat the allergy?** Yes No  
If yes, what kind, what are the signs and symptoms, and treatment(s)? \_\_\_\_\_

**Does your child have asthma?** Yes No **Is an inhaler used to treat the asthma?** Yes No  
If yes, what kind, what are the signs and symptoms, and additional treatment(s)? \_\_\_\_\_

**Is your child diabetic?** Yes No **Is insulin used to treat the diabetes?** Yes No  
If yes, what kind, what are the signs and symptoms, and additional treatment(s)? \_\_\_\_\_

**Is your child on medication daily?** Yes No  
If yes, what type? \_\_\_\_\_ Reason for taking? \_\_\_\_\_  
Dosage? \_\_\_\_\_ Time of day given? \_\_\_\_\_ Who administers? \_\_\_\_\_

**Will your child require medication during program hours?** This includes 'as needed' medications like inhalers and epi pens Yes No

**Are there any medical or behavioral concerns that we need to be aware of?** Yes No  
If yes, please explain? \_\_\_\_\_

**Does your child have a history of seizures?** Yes No  
Type of seizure \_\_\_\_\_ Date of last seizure \_\_\_\_\_

If you answered 'yes' to any of the above, please contact the program director at 410.548.4900 X109 or at [bbelfield@wicomicocounty.org](mailto:bbelfield@wicomicocounty.org), additional paperwork may be needed to be completed and on file prior to your child's first day of camp. If the proper documents are not on file, your child's start date may be delayed. **We are only permitted to supervise self-administered medication.**

Participant's Name \_\_\_\_\_ DOB \_\_\_\_\_

Is your child exempt from immunizations for religious or medical reasons? Yes No  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Last Tetanus immunization? (Must have date) \_\_\_\_\_

Is your child bothered by the heat? Yes No  
If yes, please describe \_\_\_\_\_

Does your child have specific fears? Yes No  
If yes, please explain \_\_\_\_\_

Does your child have a behavior management plan/BIP? Yes No  
*If yes, please attach the appropriate paperwork.*

Is your child enrolled in a Special Education program? Yes No  
If yes, what is their Special Education Classification? \_\_\_\_\_

Can your child participate in all activities? Yes No  
If no, please provide additional information? \_\_\_\_\_

Does your child need any special accommodations? Yes No  
If yes, what is their Special Education Classification? \_\_\_\_\_

**Please check or circle any of the following that apply?**

- |   |  |
|---|--|
| <input type="checkbox"/> Wears glasses, hearing aides         | <input type="checkbox"/> Has one on one assistant during the school year |
| <input type="checkbox"/> Wears braces (legs, arms)            | <input type="checkbox"/> Uses harness on bus                             |
| <input type="checkbox"/> Uses Wheelchair (manual or electric) | <input type="checkbox"/> Speaks little English                           |
| <input type="checkbox"/> Use sign languages                   | <input type="checkbox"/> Menstruates                                     |
| <input type="checkbox"/> Uses crutches or walker              | <input type="checkbox"/> Needs assistance with toileting                 |
| <input type="checkbox"/> Needs assistance with walking        | <input type="checkbox"/> Needs assistance with dressing                  |
| <input type="checkbox"/> Has speech impediment                | <input type="checkbox"/> Needs assistance when eating                    |
|   | <input type="checkbox"/> Has a special diet                              |

**Do you have any additional comments that would help our staff get to know or assist your child?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Participant's Name \_\_\_\_\_ DOB \_\_\_\_\_

**Permission to Apply Sunblock**

I give a staff member of the same sex permission to apply sunblock to my son/daughter when requested by the parent/guardian. Please note it is the parent's responsibility to supply the sunblock.

Participant's Name \_\_\_\_\_

Brand of Sunscreen \_\_\_\_\_

Parent/ Legal Guardian's Printed Name \_\_\_\_\_

Parent/ Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Permission for Trips, Excursions and Use of Public Parks and Other Facilities**

I hereby given consent to the W/C Department of Recreation & Parks Summer Day Camp to take \_\_\_\_\_ (Child's Name) on walking or transported field trips to places of interest, including but not limited to public parks, with such understanding that such trips are under the supervision of authorized Summer Day Camp personnel and that all possible precautions are taken to ensure the health and safety of my child.

Parent/ Legal Guardian's Printed Name \_\_\_\_\_

Parent/ Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Permission to Swim**

I hereby given consent to the Wicomico County Department of Recreation & Parks Summer Day Camp to take \_\_\_\_\_ (Child's Name) to the Salvation Army Pool located at 429 N. Lake Dr., Salisbury, MD 21801 on Fridays to go swimming. If I elect to send my child on the optional weekly field trip, the destinations may include Jolly Roger Amusement Park- Splash Mountain located at 2901 Coastal Hwy, Ocean City, MD 21842 and the Elk Lodge Pool at 401 Church Hill Ave, Salisbury, MD 21804. I have such understanding that such trips are under the supervision of authorized Summer Day Camp personnel and that all possible precautions are taken to ensure the health and safety of my child.

Parent/ Legal Guardian's Printed Name \_\_\_\_\_

Parent/ Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Concussion Waiver**

In compliance with Maryland HB 858 and SB 771, I hereby acknowledge that I have received the information regarding concussions published by the United States Department of Health and Human Services Centers for Disease Control and Prevention (CDC). For more information please visit, [www.cdc.gov/headsup/parents/index.html](http://www.cdc.gov/headsup/parents/index.html).

Participant's Name \_\_\_\_\_

Parent/ Legal Guardian's Printed Name \_\_\_\_\_

Parent/ Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Participant's Name \_\_\_\_\_ DOB \_\_\_\_\_

### Emergency Care Consent

In case of illness or accident while my child is under the care and supervision of the Summer Day Camp Program, I the undersigned, hereby consent to the Wicomico County Department of Recreation and Parks authorized staff to provide emergency first aid and/or administer emergency care and/or treatment through a clinic, a doctor and/or hospital should they feel it is advisable or necessary. I also agree to pay all of the cost and fees contingent upon an emergency medical care and/or treatment for my child as secured or authorized under this consent. This agreement shall continue as long as the participant is registered in the Summer Day Camp Program.

Physician's Name \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Physician's Full Address (must have complete address with street number) \_\_\_\_\_

Hospital Preference \_\_\_\_\_

My child's medical records are located at \_\_\_\_\_

Participant's Name \_\_\_\_\_

Parent/ Legal Guardian's Printed Name \_\_\_\_\_

Parent/ Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

### Social Media/ Photo Release

I hereby grant Wicomico County, Maryland permission to use my likeness in a photograph, video or other digital reproduction in any and all of its publications, including any website entries and social media, without payment or any other consideration.

I understand and agree that these materials will become the sole property of Wicomico County, Maryland and will not be returned. I hereby irrevocably authorize Wicomico County, Maryland to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing its programs or for any other lawful purpose.

In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge Wicomico County, Maryland from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

May we use still and/or moving image(s) being photographs, video footage and/or audio footage of your child(ren), if under 18, in printed publicity or promotional literature produced by Wicomico Recreation & Parks, including advertising, leaflets, posters, newsletters and other display material?

Yes  No

May we use still and/or moving image(s) being photographs, video footage and/or audio footage of your child(ren), if under 18, on Wicomico Recreation & Parks' website and other social media sites, including, but not limited to, Facebook, Twitter and YouTube?

Yes  No

Participant's Name \_\_\_\_\_

Parent/ Legal Guardian's Printed Name \_\_\_\_\_

Parent/ Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Participant's Name \_\_\_\_\_ DOB \_\_\_\_\_

**Waiver**

The undersigned do hereby expressly stipulate and agree to indemnify and hold forever harmless Wicomico County and the Wicomico County Department of Recreation, Parks and Tourism, its agents, officers and employees, against loss from any and all claims, demands, or actions in law or equity that may hereafter at any time be made or brought by the participant listed above, or by anyone on behalf of said participant for the purpose of enforcing a claim for damages on account of any injuries received or sustained by the participant arising out of his participation in the program. In signing this Release and Hold Harmless Agreement, each of the undersigned hereby acknowledges and represents that they are aware of the risks and hazards inherent in participating in the program, that no insurance covering accident or injury has been provided for participants, that arrangements for any such insurance would have to be made individually by the undersigned, and that at no time will my participation in a program be contingent on divulging any confidential medical information.

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Parent/ Legal Guardian's Printed Name

\_\_\_\_\_  
Parent/ Legal Guardian Signature

\_\_\_\_\_  
Date

If you need to make changes to any the information provided, please contact the program director at 410.548.4900 X109 or at [bbelfield@wicomicocounty.org](mailto:bbelfield@wicomicocounty.org).

**Discipline Agreement**  
**PLEASE READ THIS IN ITS ENTIRETY**

To our new participants as well as returners, we welcome you to our program and are looking forward to an exciting summer! This document is our site's discipline agreement for the summer of 2019. You are receiving this document so that you and your child(ren) can become familiar with our site's specific rules and consequences. Once you and your child(ren) have signed this slip, we will consider this a contract between staff, participants, and parents.

The following are our Summer Camp rules that both staff and participants have collaborated on for the safety and enjoyment of our program.

**Rules**

1. Show respect to staff and campers at all times.
2. Follow all directions the first time they are given.
3. Keep hands feet and unkind words to yourself.
4. Stay with your group and ask permission to leave your area.
5. Use walking feet in the cafeteria and hallways.
6. Remain seated and quiet during lunch and down time.
7. Be honest and responsible.
8. Have fun!

**If a Child Chooses to Break a Rule:**

- **1<sup>st</sup> and 2<sup>nd</sup> time:** Verbal warning and or removal from the current activity
- **3<sup>rd</sup> time:** **Green Write Up** and removal from activity for a minimum of 10 minutes.
- **4<sup>th</sup> time:** **Yellow Write Up** and a phone call to parents. (If the behavior continues after speaking with or leaving a message for parents the write up will escalate to RED.)
- **Severe** disruption or misbehavior includes but is not limited to:
  - o Cursing/inappropriate language
  - o Physical violence with a participant or counselor
  - o Attempting to run away from the site or leave the immediate area of where staff is present
  - o Bullying of any kind

***\*\*Bullying of any kind will not be tolerated at any camp. We defines bullying as physically intimidating or hurting another camper, repeatedly calling names or taunting others after being asked to stop, targeting campers with the intention of excluding them from group activities or taking their personal belongings.***

***\*\* Any severe disruption or misbehavior will be written up **immediately** and is susceptible to suspension from the program. Depending on severity of the behavior, the parent may be called in order to have the child removed for the remainder of the day.***

***\*\*Any child that receives **2 or more behavior write ups** is at the risk of being suspended from the program for a day (without refund).***

A "Camper of the Week" will be chosen each week based on exemplary behavior. This will be determined at the staff's discretion of how well a child is displaying role model behaviors and positive behaviors that go above and beyond. The camper of the week will be rewarded with a prize and recognition.

***Please review these expectations and penalties with your children. Have you and your child(ren) sign below.***

**CAMPER:** I have read the discipline plan and understand it. I will honor it while at camp each day.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENTS:** My child has discussed the camp discipline plan with me. I understand it and will support it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STAFF MEMBERS:** We will be fair and consistent in executing the discipline plan at camp.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent Contract**  
**WICOMICO COUNTY DEPARTMENT OF RECREATION, PARKS AND TOURISM**

Child's Name: \_\_\_\_\_

Program: PNC, KKSE, WSCC

Please review the information below to ensure that you understand your responsibilities in enrolling your child in a Wicomico County Recreation, Parks and Tourism Summer Camp Program. A copy of this will be provided for your records upon request. Please print, sign and date at the bottom of this page.

1. Payments received after the due date will be considered late and result in a \$15.00 late fee per child. You may pay early on line, at the box office.
2. Electronics, including cell phones will not be allowed at Camp. Children will be asked to put all electronics away in their bags or leave them at home. Wicomico Country Recreation and Parks is not responsible for lost, damaged, or stolen property.
3. If my child breaks or damages equipment that belongs to Wicomico County Board of Education, Wicomico Country Recreation, Parks and Tourism, another entity or another participant I am responsible for the costs.
4. Repeated late pick up may result in removal from the program. Camp ends promptly at 5:30PM. If removed from the program **refunds will not be made under these circumstances. If you keep the staff past 5:30PM you will be charged a late fee.**
5. In the event of an Emergency Closings you responsible for picking your child up at the newly designated time.
6. You may be asked to withdraw my child if their behavior patterns threaten their own health and safety or that of other children and staff. **Refunds will not be made under these circumstances.**
7. Bullying and or threats violence will not be not tolerated and is grounds for suspension and or removal from the program. **Refunds will not be made under these circumstances.**
8. Your child cannot attend the program if he or she has any illness that threatens the health of other children or staff. Regulations concerning periods of infection will be enforced.
9. If your child becomes ill during the program, it is your responsibility to arrange immediate pick up from the program. He or she cannot return to the program until they are well and or cleared by a doctor in severe cases.
10. If your child is found to have lice they will be sent home immediately. Your child will not be allowed to return until they are lice and nit free and you must supply a doctor's note or the box lid of the given treatment.
11. It is your responsibility to send your child with the appropriate attire, which includes closed toe shoes (i.e. tennis shoes) and shorts or leggings under skirts if needed. Flip flops and sandals are not considered appropriate and are unsafe to participate in physical activity and pose an increased risk of injury.
12. Camp Staff should only be contacted during camp hours. Parents should not contact staff outside of those hours. Please contact the Civic Center Box Office or the Program Director during normal business hours, Monday through Friday at 410.548.4900 if you need assistance during those hours.
13. Medication will cannot be administered by staff. If your child requires medication during program hours, you must supply the Medication Administration Form and medication. This includes emergency medications such as inhalers and epi pens. He or she must be able to administer the medication without assistance from the staff. The Medication Authorization Form is available in the Summer Medical Packet or upon request.



14. No children are excluded from activities that are planned based on their abilities. If your child has an IEP or Behavior Intervention Plan if one is written. This is kept confidential and is only used for planning purposes. Activities can be modified based on child's individual needs and guided by the IEP if one is made available. Please note we do not offer one on one support and only **reasonable accommodations are to be made.**

15. Wicomico County Recreation and Parks Child Care and Summer Camp programs follows the Board of Education policy on smoking, drugs, and alcohol on school and county grounds. Use of the before mentioned substances is grounds for immediate removal from the program. **Refunds will not be made under these circumstances.**

16. Discipline procedures are followed with the Board of Education guidelines. However, Wicomico County Recreation, Parks and Tourism reserves the right to remove a child from the program if the safety of that child and or other children in the program or staff are at risk. **Refunds will not be made under these circumstances.**

17. If your child receives **behavior conduct report (write up)**, it is up to the program director if the child will be suspended or removed from the program. If the child is removed from the program, **refunds will not be made under these circumstances.**

**I AGREE TO ADHERE TO THE WICOMICO COUNTY DEPARTMENT OF RECREATION,  
PARKS AND TOURISM'S  
SUMMER CAMP PROGRAMS PARENT CONTRACT  
I GIVE MY CHILD PERMISSION TO PARTICIPATE IN THIS PROGRAM.**

Parent/ Legal Guardian's Printed Name: \_\_\_\_\_

Parent/ Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**YOUTH CAMP HEALTH HISTORY**  
**CAMPER**

Child's Name: \_\_\_\_\_

Current residence: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Emergency Contact  
(Parent or Legal Guardian): \_\_\_\_\_ Phone: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact  
(Other than Parent Above): \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care Physician or  
other provider of medical care: \_\_\_\_\_ Phone: \_\_\_\_\_

**HEALTH INFORMATION:**

Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware?  NO

YES, Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive?  NO

YES, Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMMUNIZATION INFORMATION:**  
**Must list current residence above.**

For campers who currently reside **within** the United States, a United States territory, or the District of Columbia: Does the camper have any immunization exemptions because of a parental or guardian objection or medical contraindication?  NO

YES, List: \_\_\_\_\_

For campers who reside **outside** the United States, a United States territory, or the District of Columbia: Attach record of vaccination or immunity on Department form MDH-896.

Parent or Legal Guardian's Signature

Date