



Therapeutic Recreation Summer Camp Registration Form

Please remember all information on this form is confidential and will only be used to aid in the care of your child. Please feel free to attach any additional information.

Failure to provide all requested information may affect your child's registration status.

PREFERRED CAMPER NAME: _____

CAMPER INFORMATION

Full Name: _____ Birthday: _____ Age: _____

School Attends: _____ Grade: _____

PARENT OR GUARDIAN INFORMATION

Name _____ Relation: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Medical Diagnosis: _____

EMERGENCY CONTACT *(must be someone other than parent or guardian)*

(1) Name: _____ Relation: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ Other: _____

(2) Name: _____ Relation: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ Other: _____

PERMISSIONS AND RELEASES - Please initial each statement below acknowledging your understanding and agreeing to the terms.

RELEASE AND WAIVER OF ALL CLAIMS: The Undersigned participant (Parent/Guardian) understands that this release forever discharges and holds harmless, St. Mary's County Government/Department of Recreation and Parks from any liability or claim that participant may have against St. Mary's County Government with respect to any bodily injury, personal injury, illness, death, property loss or damage that may result from participant's activities, whether caused by the negligence of St. Mary's County Government/Department of Recreation and Parks or its officers, directors, employees, agents, volunteers or otherwise. Participant (Parent/Guardian) also understands there are inherent physical risks associated with activities and programs and that, St. Mary's County Government does not carry or maintain health, medical, or disability insurance coverage for any participant. Each participant is expected and encouraged to obtain his or her own medical or health insurance coverage. I also authorize the Commissioners of St. Mary's County (including its departments, boards, commissions, agents, employees, and volunteers when authorized by the Commissioners of St. Mary's County or by the Director of Recreation and Parks) to use my image and/or voice in any media form (including, but not limited to, cable television broadcasts, videos, internet communications, and publications). I release the Commissioners of St. Mary's County from any and all claims and liability regarding the making or use of an audio and/or visual recording of my image and/or voice (including claims related to rights of publicity or privacy, defamation, or portrayal in a false light, whether intentional or unintentional).

EMERGENCY MEDICAL RELEASE: In the event of injury/serious illness, I give permission for St. Mary's County Recreation & Parks (SMCRP) staff to obtain medical treatment for my child. I understand that if my child needs to be transported to an emergency facility, that decision will be made by the emergency team responding to the call.

TRANSPORTATION RELEASE: I give my permission for my child to be transported to and from bus hubs to camp (if offered) and to and from all field trips and activities.

FIELD TRIP/SWIMMING RELEASE: I give permission for my child to participate in the program's field trips. I understand I will be notified of dates, destinations, times, and locations of trips and this information will be available online. Parents will be notified as soon as possible to any changes in the field trip calendar.

USE OF PROTECTIVE SUBSTANCES: I authorize camp staff to assist the camper in the application of sunscreen and/or bug spray when deemed appropriate based on the activity. All protective substances sent into camp will be labeled with the camper's name.

RELEASE OF MEDICAL ORDERS, BIP/IEP/504 plans and RELATED PAPERWORK and INFORMATION: I hereby authorize the release of sharing of my child's medication forms and directives, IEP/504 plans, behavior intervention plans, behavior incidents and basic care information between St. Mary's County Public Schools and St. Mary's County Recreation and Parks. I understand this is a partnership program and all information can be shared between the two agencies.

SPECIALIZED COORDINATED SERVICES- Recreation and Parks will not coordinate outside services for families. Such services must be organized by the families and information provided to camp staff. **Only approved visitors will be allowed in camp: failure to indicate this information will result in the denial of entrance to outside personnel to camp. All providers are required to complete volunteer applications and sign in and out with the camp director.**

Providers name: _____ Phone number: _____

Dates and times of services: _____

1. Fainting with exercise? **Yes** ____ **No** ____
2. Undue tiredness/fatigue? **Yes** ____ **No** ____
3. Family member with sudden unexplained death under the age of 40? **Yes** ____ **No** ____
4. Tendency toward hyperthermia (overheating, elevated temperature)? **Yes** ____ **No** ____
5. Is there any camp activity in which your child should not participate? **Yes** ____ **No** ____
6. Can your child swim? **Yes** ____ **No** ____

--

****NOTE:** Although all our children enrolled are diagnosed with a variety of disabilities, if a child behavior infringes on the rights of others or poses a threat of imminent physical harm to themselves, other children, staff, or the general public, Recreation and Parks reserves the right to suspend or remove children from the camp program.

1. Are there any psychiatric health problems we need to be aware of? **Yes** ____ **No** ____
2. Are there behavioral concerns we need to be aware of? **Yes** ____ **No** ____
3. Does your child exhibit sensory disturbances or discomforts? **Yes** ____ **No** ____
4. Does your child wander off during activities or have a history of elopement? **Yes** ____ **No** ____
5. Does your child frustrate easily? **Yes** ____ **No** ____
6. Does your child have a history of aggressive behavior? **Yes** ____ **No** ____

BEHAVIOR CONTINUED - If you answered yes to any of the above, please describe these occurrences, and how they are best handled.

COMMUNICATION - Behavior typically occurs due to lack of ability to successfully communicate. We would like to communicate with your child in their preferred method if possible.

1. Does your child communicate verbally? **Yes** ____ **No** ____
2. Does your child use assistive technology to communicate? **Yes** ____ **No** ____
3. Does your child know sign language? **Yes** ____ **No** ____
4. Tips for communicating with your child:

ADDITIONAL INFO – Please provide any additional helpful hints and ideas that staff should be aware of to make educated decisions in order to provide the best care possible for your child.

MEDICAL CARE INFORMATION

My child's primary care physician is Dr. _____ Phone: _____

The hospital of my choice is _____

Specialized nursing services and specific personal care needs assistance will be available with the presence of properly trained professionals. Medication administration, for both daily & emergency medications, will be available at camp. All camper needs must be addressed on this form and will be handled on a case-by-case basis.

SPECIALIZED ASSISTANCE: Does your child require specialized medical treatments or equipment to be administered or used while at camp or are there special medical needs that we should be aware of? If yes, explain. **Yes** ____ **No** ____

****NOTE** Camp does not provide personal equipment. Parents should send all such items in with their child the first day of camp or arrange for delivery and must be willing to train staff on the proper use of equipment if necessary.

PERSONAL CARE: Does your child have any personal care assistance needs that we should be aware of (to include toileting, dressing, eating and the similar)? If yes, explain. **Yes** ____ **No** ____

ALLERGIES: Does your child have any allergies? If yes, explain. **Yes** ____ **No** ____ (Please include all allergies including medications and anesthetics, seasonal, environmental and food, as well as the reaction and treatment required.)

MEDICATIONS– Will your child need to take medications at camp (prescription or over the counter)? **Yes** ____ **No** ____
If your child will need medication while at camp, additional medication paperwork is required. MD Public School medication orders will be accepted, if they are current and dated to cover the summer period. Forms must include a physician and parent signature. All medications, including dosage and purpose, must be listed below and must be brought into camp, by a parent or guardian, on the first day, in the original container, with the original label.

SEIZURES- Does your child have seizures? **YES** ____ **NO** ____ (If yes, complete below)

Type of seizure: _____ How long it usually lasts: _____ How often does it occur: _____

What happens?

When seizures require additional help:

TRANSPORTATION – All camp transportation will occur on state licensed school buses, in partnership with SMCPS. Will your child require any special accommodations on the bus such as a lap belt, wheelchair accessibility, etc.? **YES**_____ **NO**_____ If yes, please provide details:

Will your child's participation in camp be dependent on bus transportation to and from camp, utilizing pick up & drop off bus hubs throughout the county? **YES**_____ **NO**_____

PICK UP AUTHORIZATION – Only individuals listed below (be sure to include yourself) will be authorized to pick up your child from camp. Individuals must be over 16 years of age and must show a valid state issued identification at the time of pick up that matches the below information. If your child is not picked up from camp, and you cannot be reached, we will begin contacting the other individuals below.

Pick Up Person # 1: _____ Relationship: _____

Contact Number: _____

Pick Up Person # 2: _____ Relationship: _____

Contact Number: _____

Pick Up Person # 3: _____ Relationship: _____

Contact Number: _____

Pick Up Person # 4: _____ Relationship: _____

Contact Number: _____

Pick Up Person # 5: _____ Relationship: _____

Contact Number: _____

PARENT/GUARDIAN SIGNATURE – All registration forms require a current parent or guardian signature and date. This form may also be signed and submitted electronically.

Printed Name: _____ Date: _____

Registration forms must be received no later than Monday, June 2, 2025.
Please return this and all attachments to the Therapeutic Recreation Coordinator at
crystal.haislip@stmaryscountymd.gov.

ST. MARY'S COUNTY RECREATION & PARKS P.O. Box 653, Leonardtown, MD 20650 / (301) 475-4200 x 1800