 **BRCA SUMMER CAMP** 

**REGISTRATION FORM 2019**

**Please complete and return all four (4) pages for each camper to 10 Lawrence Ave**

**(Place in the box on the porch marked “Camp Forms”)**

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

Camper’s Name: Last, First M F Date of Birth School Grade 19-20

Home Address

City State Zip

Home Phone Number E-mail

 **Weeks Attending: 6/24 7/1 7/8 7/15 7/22 7/29**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Minnows (Age 4 / PreK) |  |  |  |  |  |  |
| Rockfish (Age 5-8 Gr K-3) |  |  |  |  |  |  |
| Sea Dogs (Age 8-11 Gr 3-6) |  |  |  |  |  |  |

BRCA Member: Yes No [BRCA Membership is Required]

BRPA Member: Yes \_\_\_\_\_\_\_ No

Minnow Dues (half day only) $120 per week x \_\_\_\_\_ weeks = $\_\_\_\_\_\_\_\_

Urchins, Rockfish and Sea Dogs Dues $170 per week x \_\_\_\_\_ weeks = $\_\_\_\_\_\_\_\_

BRPA Dues if non-BRPA member $15 per week x \_\_\_\_\_\_ weeks = $\_\_\_\_\_\_\_\_

LESS Discount 5% if child attends ALL 6 weeks ($\_\_\_\_\_\_\_)

TOTAL DUE *payable to* BRCA $\_\_\_\_\_\_\_\_

# FOR OFFICE USE ONLY

Date Application Rec’d: \_\_\_/\_\_\_/ 19 Date Immunization Records Rec’d: \_\_\_/\_\_\_/ 19

Camper code of Conduct & Camper/Parent Contract Rec’d

Payments

$\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_ Check# \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_ Check# \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$\_\_\_\_\_\_\_\_\_\_\_\_\_Total Paid

BRCA fees paid \_\_\_\_\_\_\_\_\_ Pool fees paid \_\_\_\_\_\_\_\_\_\_ Camp fees paid in full \_\_\_\_\_\_\_

BRCA SUMMER CAMP

**Camper Health History**

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

Camper’s Name: Last First Middle

# Emergency Contact Information

# Parent/Guardian Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Evening Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Relative/other emergency contact/phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I hereby give the Camp Director permission to consent to treat for medical emergency in the event the parent/guardian cannot be reached.*

Signature of Parent/Guardian

**Health Insurance Company** **Policy#**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Required by Maryland State Regulations

Name of Primary Care provider Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last tetanus or DPT, DtaP, DT, TD, immunization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health information (Check any that apply and note any further information)

\_\_\_\_Good General Health \_\_\_\_Asthma \_\_\_\_Allergy (food/other)

\_\_\_\_Prescription Medication \_\_\_\_Diabetes \_\_\_\_Seizure

\_\_\_\_Other Medication \_\_\_\_Behavioral Issue \_\_\_\_Significant mental health condition

\_\_\_\_Other chronic health condition

Explain

All campers must be current on all immunizations, unless they provide a written statement from either a licensed physician indicating that the immunization is **medically contraindicated**, or from the parent/guardian indicating that they object to immunizations for **religious reasons**. Anyone claiming exception for religious reasons must provide a signed copy of the Maryland Health and Mental Hygiene Immunization Certificate.

**My child is currently enrolled in a Maryland school, public or private, and has all required immunizations** \_\_\_\_ **Yes \_\_\_\_\_\_ No**

**School name**

IMPORTANT: If your child **does not** attend a Maryland school (Washington, DC, home schooled, out-of-state), current immunization records signed by a physician **must be attached**.

**Camper / Parent Contract**

|  |
| --- |
| **Group and Camper Names** |
|  |  |
|  Minnow\_\_\_\_\_\_\_\_\_ Rockfish\_\_\_\_\_\_\_ Sea Dogs\_\_\_\_\_\_\_\_ | Age: \_\_\_\_\_\_\_\_ |
| Camper Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I agree to participate with the above Bay Ridge Camp group during the summer season of 2018 per the Registration Form. |
|  |
| **PARENT’S PLEDGE** |
|  |
| **Note: ALL parents/Guardians of campers must sign the following statement:** |
| 1. I/We hereby give my/our permission for my child to participate in the Bay Ridge Camp; and hereby waive any and all claims or lawsuits against the BRCA, the BRCA Camp, its directors, supervisors, managers, or any other person affiliated with the Camp, for any and all injury or injuries, or other damages sustained while participating in camp, watching or playing games, or traveling to and from activities. 2. I/We further agree to apply sunscreen to my child before the start of each camp day and give the camp counselors permission to apply sunscreen that I provide to my child during the course of the camp day.3. My child has permission to travel with the BRCA Summer Camp this summer on trips and events outside of Bay Ridge made by car, boat, or bus, as coordinated and planned by the Camp staff. I understand that all trips will take place within the Camp day and will be chaperoned by the Camp counselors and/or parent volunteers (when available or required). Specific destinations and instructions will be given prior to each planned trip with announcement forms sent home with Campers for the trip schedule and trip details.4. In emergencies requiring immediate medical attention, BRCA Summer Camp personnel will attempt to reach parents first. If unable to reach parents, your child will be taken to the nearest hospital emergency room. Your signature authorizes responsible BRCA Summer Camp personnel to have your child transported and treated at that hospital.**Parent /Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_****SEA DOGS ONLY (this Section MUST be completed for all Sea Dogs:**I/We further agree that our child in the **Sea Dogs** program (i) will arrive/depart with a bicycle and helmet without parental supervision, (ii) that our child will use his/her bicycle to travel on Camp activities in the neighborhood, (iii) that he/she has been instructed by parents on bicycle safety, and (iv) **has** \_\_\_\_\_/ **does not have** \_\_\_\_\_\_\_\_\_ (initial the appropriate box) permission to sign himself/herself in and out of Camp without his/her parent or guardian present.**Parent /Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |

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| --- |
| **CAMPER’S and PARENT’S PLEDGE** |
| **Note: ALL parents/Guardians of campers must sign the following statement, as applicable:** |

**Camp Code of Conduct**

***As a Camper****,* I understand that I must follow these rules to stay in good standing:

1. Respect the activities and games, play fairly and follow its rules and regulations.
2. Show respect for authority to the counselors and its staff.
3. Demonstrate good sportsmanship before, during and after activities and games.
4. Help parents understand the camp philosophy so they can watch and enjoy the activity or game.
5. Be courteous to all campers and treat all counselors with respect.
6. Be modest when successful and be gracious in defeat.
7. Respect the privilege of the use of all Bay Ridge facilities.
8. Refrain from the use of abusive language.

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

NAME SIGNATURE DATE

***As a Parent/Guardian****,* I/We recognize that parents / guardians are the most important role models for their children, and that the Bay Ridge Camp will help to develop a sense of teamwork, self-worth and sportsmanship. As such, I/we agree to the following:

1. Advocate a camp environment for my child that encourages camaraderie, fair play and is free of negative or abusive language.
2. Encourage my child to follow all the rules and respect the rights of other campers and counselors.
3. I/We have discussed the rules and regulations of the summer camp with my child, and the expectation that all campers will behave appropriately and abide by the Community and Camp rules and regulations. I/We understand that should my child be dismissed from the camp program for failure to abide by the rules and regulations or any improper conduct prior to the end of the camp season, no part of the camp fees will be refunded.

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

NAME SIGNATURE DATE

***As a Counselor****,* I recognize that counselors are role models for their groups and all participants involved in the activity, and that group activity and sports help to develop a sense of teamwork, self-worth and sportsmanship. As such, I agree to abide by the following:

1. Do my best to provide a safe playing and recreational environment for all participants.
2. Lead by example by demonstrating fair play and sportsmanship to all involved.
3. Provide a healthy recreational environment for my team that is free of drugs, tobacco, alcohol, and abusive language.
4. Be knowledgeable of the camp rules and regulations, and teach these rules to all campers.
5. Be responsible for my own behavior and also the behavior of my group.

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

NAME SIGNATURE DATE