

Youth Orioles Camp Registration

SUMMER 2019 - ADVENTURELAND



August 12-16 & 19-23

Fee: \$350

Deadline to complete Registration: July 5

Fee Payment Plan: A \$175 non-refundable deposit along with completed paperwork is required to hold a spot by July 5, 2019. The remaining \$175 is to be paid by August 5, 2019.

All checks should be made payable to: Maryland School for the Deaf

Memo: Youth Orioles Camp - (Child's Name)

Please mail your payment and completed application to:

LauraLynn Helms-Salit
Office of Student Affairs Special Assistant

Maryland School for the Deaf
101 Clarke Place, PO Box 250
Frederick, MD 21705

Or

Drop off the payment and application at Ely, rm #131

REGISTRATION DEADLINE - July 5, 2019

Camper Information

(All information will be kept confidential)

Child Name: _____

Age: _____ **Grade:** _____ **DOB:** _____

Adult T-Shirt Size: S M L

Youth T-Shirt Size: S M L

Profile: Deaf HOH KODA Sibling of Deaf

Does your child sign: Yes, fluent Yes, beginner No

Does your child wear: Hearing Aids Cochlear Implant N/A

School District _____

School Attending _____

INSURANCE INFORMATION

Name of Insurance: _____

Insurance Policy Number: _____

Name of Insurance Policy Holder: _____

Family Physician's Name & Phone: _____

REQUIRED to complete registration:

***** Attach Photo Copy of Insurance Card (front and back)*****

YOUTH CAMP HEALTH HISTORY

CAMPER

Child's Name: _____

Current residence: _____

EMERGENCY CONTACT INFORMATION:

Emergency Contact

(Parent or Legal Guardian): _____ Phone: _____

2nd 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

Medical Release Form

Child's Name: _____

Medical Care

1. As the parent/guardian of the camper name above, I understand that I am responsible for immunization and physical examinations for my child, as well as the management of any fees for my child's total health care. I understand that I am responsible for notifying the Maryland School for the Deaf of any aspects of my child's medical history of which the School should be aware of in the event of an emergency (e.g., allergy to penicillin, or contagious illnesses such as pink eye or ringworm, heart conditions, and chronic medical conditions).
2. I give my consent to transport for emergency medical, psychological, or surgical care, if necessary, to be administered to my child by MSD health care providers where appropriate, or by persons or facilities on or off campus, while he/she is enrolled at the camp. I understand that I am responsible for all fees related to emergency medical or surgical care. This authorization does not include the right to authorize any surgical procedures of a non-emergency nature.
3. I give my permission for any medication prescribed to my child during the camp which I bring to the Student Health Center in the original container from the pharmacy, to be administered to my child by a School nurse. I understand that unlabeled medications will not be given. I understand that I must provide a Maryland State School Medication Administration Authorization Form signed by a physician or nurse practitioner and a parent/guardian for each prescribed medication to be given at School. I understand that if this form is not completed, the medication will not be given.
4. I understand that I must keep weekend routine medications at home.
5. I give permission for my child to be administered over the counter medications by the Student Health Center Staff for treatment of minor medical issues as ordered by the Medical Director (e.g., Tylenol for headache, Robitussin for cough, and Chloraseptic for sore throat).
6. I have read, understood, and consented to the conditions of the Maryland School for the Deaf Medical policy. I understand that this policy shall apply to my child even as amended from time to time.

Parent/Guardian's Signature

Date

MARYLAND 4-H CAMPS Sunscreen Authorization Form

Dear Parents:

The Maryland Department of Health and Mental Hygiene has adopted a policy regarding the use of sunscreen at youth camps. In order to operate a camp in the state of Maryland, we must abide by the policy as outlined below. Please read the following regarding use and application of sunscreen at Maryland 4-H Camps. The authorization statement must be completed and submitted along with sunscreen labeled for your camper (one form and bottle per camper) on the first day of camp, at the start of each subsequent week (for long-term day camps), if the brand of sunscreen changes, or if a new bottle is supplied. Please address questions about this policy to your Camp Coordinator.

MARYLAND 4-H CAMPS SUNSCREEN POLICY

1. Each Camper's parent/guardian must provide written permission for use and application of sunscreen on their child.
2. Sunscreen containers must be clearly labeled with the Camper's name and must be provided to Camp Staff at camp check-in. This signed authorization form must be submitted along with the sunscreen.
3. Campers should, in most instances, apply the sunscreen on their own. If assistance is needed it will be provided by Camp Staff ONLY if specifically authorized (see below).
4. For Day Camps, Campers need to have sunscreen applied to them by the parent/guardian BEFORE arriving at camp, not when dropping off.

MARYLAND 4-H CAMPS SUNSCREEN AUTHORIZATION (Complete and sign appropriate block below)

Camper's Name: _____ Camper's Age: _____
Brand of Sunscreen: _____ SPF: _____ Expiration Date: _____

I **DO** give permission for members of the Maryland 4-H Camp Staff to assist in applying sunscreen to my child. I understand that this may require the staff member to touch my child's face, shoulders, back, arms, and lower legs. Sunscreen will be applied in the presence of other staff members. I understand that staff will not apply sunscreen to my child's front torso or upper legs, but will assist and/or direct the child to do so. In the event my child does not bring sunscreen to camp and conditions warrant its use, by my signature below I authorize members of the Maryland 4-H Camp Staff to use camp supplies of sunscreen, and to apply this sunscreen to my child's body as described above.

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date

OR

I **DO NOT** give permission for Maryland 4-H Camp Staff Members to assist in applying sunscreen to my child.

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date

Transportation/ Water Activities/ Photo Permission Form

Child's Name: _____

I **DO / DO NOT** (please circle one) give permission for my child to be *transported* by Maryland School for the Deaf (MSD) Summer Camp to and from various trip locations that is on the schedule. For any trips that require permission/ release form, we will provide it to be signed before the trip.

I **DO / DO NOT** (please circle one) give permission for my child to *participate in outdoor water play activities* provided by MSD Summer Camp between first day of camp to last day of summer camp. *** pool activity may be subject to change in weather conditions.***

I **DO / DO NOT** (please circle one) give permission for Maryland School for the Deaf to use my child's *photograph* in all forms of media and in all manners, including composite or other representations, for advertising, trade or other lawful purposes.

Parent/Guardian Name (Print): _____

Parent/Guardian's Signature: _____

Date: _____

Camper Code of Conduct

Personal Loss:

I understand that Maryland School for the Deaf does not cover theft, loss, or damage to my child's personal equipment or property. I understand that Maryland School for the Deaf recommends that I check with my personal insurance coverage to confirm my insurance will cover any loss.

Parent/Guardian Initials _____ Student Initials _____

Damage to Maryland School for the Deaf Property:

I understand that I will be responsible for all costs incurred if my child damages any Maryland School for the Deaf property. I understand that if the damage is serious enough, the local law enforcement will be involved.

Parent/Guardian Initials _____ Student Initials _____

Expectations:

The primary responsibility of MSD staff is to keep participants safe. We expect you to follow the rules to keep all campers and staff safe. Camp is a group experience; your attitude influences the group. A positive attitude is expected; you don't have to love everything we do, only appreciate that you have done it. We expect human kindness and appreciation of differences. In the event that you child fails to meet the Code of Conduct at any time during the camp session there will be a discussion with the camper, and parents or guardians will be contacted. We are committed to support each and every camper on having a fun and rewarding experience.

I agree to the following:

- I will treat each camp member and staff with equal respect and fairness.
- I will respect and value others' rights to have a fun experience at camp.
- I agree not to harm, bully, tease, harass, be mean, use foul language or isolate campers and staff.
- I agree that any disregard for these guidelines, may result in my dismissal from camp.
- I understand that my parent/guardian will be responsible to pick me up immediately if I violate the rules.
- I have read the above agreements with my parent/guardian and agree to abide by them.

Refunds:

There will be no monetary refunds for participants who are dismissed for disciplinary reasons. There will be no monetary refunds or reduction in fees for participants who arrive late or leave early.

CAMPER'S AGREEMENT: I have read the above Code of Conduct, understand the behavior and consequences, and agree to abide by them.

Camper Signature: _____ Date _____

PARENT/GUARDIAN'S AGREEMENT: I have reviewed the above Code of Conduct with my child and agree to support the consequences as outlined. If requested, I agree to pick up my child or make arrangements with another adult, _____, to be available in my absence.

Parent/Guardian's Signature: _____ Date _____