

Baltimore County Department of Recreation and Parks
Summer Day Camp Program

2010
APPLICATION FOR RIDGE CAMP at RIDERWOOD

Please take the time necessary to thoroughly and accurately complete this application so that we may provide the best program to meet your needs. All information is confidential.

Check in the amount of **\$350.00** is to be made payable to **Towsontowne Recreation Council (T.T.R.C.)**.

Please return completed application and check to:
Towsontowne Rec Council/Ridge Camp, PO Box 618, Riderwood, MD 21139-0618

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

1. Camper's Name: _____ Age: _____

2. Address: _____
_____ Zip: _____ Phone: _____

3. Date of Birth: _____ Sex: _____

4. Camper's Disability (Please be specific): _____

5. Parent/Guardian (father): _____
Address: _____ Phone (Home): _____
_____ Zip: _____ Phone (Work): _____
Email Address: _____

6. Parent/Guardian (mother): _____
Address: _____ Phone (Home): _____
_____ Zip: _____ Phone (Work): _____
Email Address: _____

7. Please list two additional day time emergency contacts:
Name: _____ Relationship: _____
Phone: _____
Name: _____ Relationship: _____
Phone: _____

8. Has the camper previously attended camp? Yes: _____ No: _____
If YES, name camp: _____

9. What is the camper's primary means of communication?

- Speaks and can be understood by others.
- Speaks but is difficult to understand.
- Gestures
- Sign Language
- Other, please specify: _____

10. Does the camper need assistance with mobility?

- No walks independently
- Needs assistive devices (walker, manual wheelchair, electric wheelchair, body brace, etc.)
Please specify: _____
- Occasionally needs assistance of another person
- Always needs assistance of another person

11. Is the camper able to independently take care of his/her own toileting needs?

- Yes No If **NO**, please explain what assistance is needed: _____

12. Is the camper able to independently dress/undress himself/herself (for example, button, tie, zip, etc)?

- Yes No If **NO**, please explain what assistance is needed: _____

13. Is the camper able to independently feed himself/herself?

- Yes No If **NO**, please explain what assistance is needed: _____

14. (FOR FEMALES) Is the camper able to completely care for herself during menstruation without assistance or reminder? Yes No DOES NOT APPLY If **NO**, explain what assistance is needed: _____

15. Does the camper have an intellectual impairment? Yes No If **YES**, please indicate if the impairment is mild, moderate, severe or profound: _____

16. Does the camper have a vision impairment? Yes No If **YES**, please explain visual ability: _____

17. Does the camper have a hearing impairment? Yes No If **YES**, please explain hearing ability: _____

18. Can the camper swim? Yes No If **YES**, please check all that apply:

- Can swim independently
- Can swim with the use of a swimming aid (life jacket, water wings, etc.)
Aid Used: _____
- Can swim with the physical assistance of Camp Leader

19. . Please indicate the behaviors that are observed in the camper and explain **YES** responses:

BEHAVIOR	YES	NO	EXPLAIN
PHYSICALLY HARMS OTHERS			
PHYSICALLY HARMS SELF			
BOSES/MANIPULATES OTHERS			
USES HOSTILE LANGUAGE			
DISOBEYS PERSONS IN AUTHORITY			
BITES			
RUNS AWAY			
WITHDRAWN/SHY			
HYPERACTIVE			
EASILY DISCOURAGED			
DEMANDS EXCESSIVE ATTENTION			
EXPOSES BODY IMPROPERLY			
ENGAGES IN INAPPROPRIATE BEHAVIOR			

20. Are there key words or phrases you use to stop negative behavior and reinforce appropriate behavior?
_____Yes _____No If **YES**, please explain: _____

21. Is a behavior management plan currently being used with the camper? _____Yes _____No
If Yes, please explain the program and behavior for which it is used: _____

22. Please list any activities that the camper especially enjoys: _____

23. Please list any activities that the camper especially dislikes: _____

24. Please list any activities that the camper may require special assistance (cutting, drawing, etc.) and explain:

25. Please list the camper's strong fears (for example, water, insects, heights, etc.): _____

26. Volunteers are a vital resource and contribute significantly to the quality of this camp. If you or another family member are interested in volunteering your time and talents for field trips, special activities, etc., please list your name and phone number:

Name: _____ Phone: _____
Does the volunteer have any experience working with handicapped children? If **YES**, please explain: _____

Name: _____ Phone: _____
Does the volunteer have any experience working with handicapped children? If **YES**, please explain: _____

27. Please list any information you feel would be helpful to the camp staff pertaining to the camper:

28. Does the camper have any special medical conditions (i.e., asthma, diabetes, high blood pressure)?
_____Yes _____No If **YES**, explain: _____

29. Is the camper presently under a physician's care? _____Yes _____No If **YES**, explain: _____

30. Does the camper have a communicable disease or is he/she a known carrier of a communicable disease?
_____Yes _____No If **YES**, explain: _____

31. Does the camper have any allergies (insect bites, medication, food, etc.)? _____Yes _____No
If **YES**, explain: _____

32. Does the camper have any special diet requirements? _____Yes _____No If **YES**, explain:

33. Is it necessary to limit the camper's activities for any reason? _____Yes _____No If **YES**, explain:

34. Does the camper have seizures? _____Yes _____No If **YES**, explain: _____

35. Date of Camper's most recent tetanus immunization: _____

36. Does the camper attend a Maryland school (either public or private) _____Yes _____No***
If **YES**, name school: _____

Any camper not enrolled in a Maryland school, public or private, who is of a preschool through 12th grade age, must furnish a photocopy of his/her record of immunization against diphtheria, tetanus, pertussis, poliomyelitis, measles (rubeola), rubella (German Measles) and mumps with this application form.

Baltimore County Department of Recreation and Parks
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HEALTH HISTORY

Camp: _____

Camper's Name: _____

Date of Birth: _____/_____/_____ Height _____ Weight _____

Disability: _____

Address: _____ Phone: (Work): _____
_____ Phone: (Home): _____

Please list two emergency contacts:

Name: _____ Relationship: _____
Phone: _____

Name: _____ Relationship: _____
Phone: _____

Camper's Physician: _____ Phone: _____

Camper's Medical Insurance Company: _____

In emergencies requiring immediate medical attention, the camper will be taken to the nearest hospital room. Your signature authorizes the camp staff to have the camper transported to that hospital.

Signature of Parent/Guardian

Date

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AUTHORIZATION FOR PRESCRIPTION MEDICATION

Does the camper require prescription medication during camp hours? _____ Yes _____ No

If **YES**, camper's physician **MUST** complete the following:

Camp: _____

Camper's Name: _____

a.) Condition: _____

Medication: _____

Dosage/Schedule: _____

Special Instructions: _____

Side Effects: _____

b.) Condition: _____

Medication: _____

Dosage/Schedule: _____

Special Instructions: _____

Side Effects: _____

c.) Condition: _____

Medication: _____

Dosage/Schedule: _____

Special Instructions: _____

Side Effects: _____

Only those medications prescribed and listed by the physician will be accepted. Medications must be in the original pharmaceutical container and labeled with the camper's name, medication dosage and schedule.

Date of Order: _____ Duration of Order: _____

(If duration is less than current camp program, renewal of order may be necessary.)

I hereby authorize the camp staff to dispense these medications as prescribed.

Signature of Physician

Date

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AUTHORIZATION FOR MEDICAL PROCEDURES

Does the camper require any specialized medical procedures (for example, tracheal suctioning, catheterization, tube feeding)? _____ Yes _____ No

If **YES**, camper's physician **MUST** complete the following:

Camp: _____

Camper's Name: _____

a.) Name of specific procedure: _____

b.) Description of procedure (including time interval between applications and conditions/symptoms that require repeating the procedure): _____

c.) Precautions camp staff must be aware of before, during and after administration: _____

Date of order: _____ Duration of Order: _____

(If duration is less than current camp program, renewal of order may be necessary.)

I hereby authorize the camp staff to carry out this medical procedure as prescribed.

Signature of Physician

Date

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MEDICAL PROCEDURE/MEDICATION RELEASE FORM

PARENT OR LEGAL GUARDIAN: PLEASE COMPLETE AND SIGN IF THE CAMPER REQUIRES MEDICATION AND/OR A MEDICAL PROCEDURE DURING CAMP HOURS.

I, _____, the parent/guardian
of _____ hereby request that identified members of the camp staff be caretakers of medication/supplies/equipment and administrators of specific procedure(s) for the camper named above and as prescribed by my physician, _____.
Physician's Name

I understand that members of the camp staff will be instructed in the prescribed procedure(s) by a registered nurse, as well as my own demonstration of the procedure on the first day of camp or at another pre-arranged time.

I also understand that the staff who will administer this medication or special procedure are medically untrained. I hereby state, without reservation, that I will not hold the Baltimore County Department of Recreation and Parks, its local Recreation Councils, or any of their employees and volunteers liable for any harm or injury which may be incurred by the camper in connection with this medical assistance, or damage/loss of medical equipment.

Signature of Parent/Guardian

Date

The parent/guardian is responsible for providing all of the medication, supplies and equipment necessary for the care of the camper. Failure to provide these materials will result in the immediate suspension of the camper.

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CODE OF CONDUCT

The camper agrees to conduct himself/herself in a reasonable manner and obey the following rules of conduct.

Dress appropriately for recreational purposes and provide/wear whatever clothing is deemed necessary by the camp staff.

Show respect for the rights and property of others.

Show respect for the property and facilities of the Baltimore County Department of Recreation and Parks and its local Recreation Councils.

Comply with the camp schedule.

Not possess or use any alcohol or drugs during camp unless prescribed by a physician and so noted on the camp application, nor bring to camp any flammable/explosive materials, poisons, weapons or pets.

Take responsibility for personal property.

Demonstrate cooperation with, and respect for, camp staff, volunteers, other participants, invited guests and representatives of Baltimore County Department of Recreation and Parks and its local Recreation Councils.

Agree to abide by all local, state and federal laws.

Understand and obey the rules and regulations set forth by the camp staff.

FAILURE TO FOLLOW ANY OF THESE RULES OF CONDUCT WILL RESULT IN THE EARLY DISMISSAL OF THE CAMPER.

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WAIVER AND RELEASE

This document must be signed by either a parent or legal guardian. All references to “camper” include the parent or legal guardian.

Please read this form carefully and be aware that in registering your child/ward/adult son or daughter for participation in this program, you will be waiving and releasing all claims for injuries your minor child/ward/adult son or daughter may sustain as a result of participating in any and all activities connected with or associated with the Baltimore County Department of Recreation and Parks and its local Recreation Councils.

As a condition to participating in the summer camp, the camper agrees to the following:

- 1.) Camper acknowledges that a wide variety of activities will be conducted, including swimming. Camper realizes that some of the activities may subject him/her to certain stresses and hazards not all of which can be foreseen. Camper desires and consents to take part in all such activities unless otherwise indicated in writing prior to camp. Camper assumes all of the risks incident to the nature of the activities to be conducted and agrees that neither the Baltimore County Department of Recreation and Parks, its local Recreation Councils or any of their representatives shall be responsible for any damages or injuries resulting to the camper.
- 2.) The camper has been furnished with the “Code of Conduct” containing rules and regulations which all campers are expected to follow and obey. Camper acknowledges having read the “Code of Conduct”, recognizes its need and agrees to comply with all of its requirements.
- 3.) Camper understands that the Baltimore County Department of Recreation and Parks, and its local Recreation Councils, reserve the right to dismiss any person from further participation in camp without refund in the event the camp staff determines that the camper has violated the “Code of Conduct.” Supervision and transportation resulting from the dismissal of such camper are the responsibility of the camper.
- 4.) Camper releases the Baltimore County Department of Recreation and Parks, its local Recreation Councils and their representatives from all liability for personal injury resulting from failure of camper or other campers to obey safety regulations and directions of camp staff, or resulting from the exercise of judgment by camp staff in response to emergencies that may occur.
- 5.) Camper understands that the Baltimore County Department of Recreation and Parks, its local Recreation Councils and their representatives are not responsible for loss or damage to personal property and possessions of the camper.
- 6.) Camper is liable for any damage to the property/facilities of the Baltimore County Department of Recreation and Parks, its local Recreation Councils and others resulting from the acts of the camper, either solely or in concert with others.
- 7.) Camper consents to the use of any photographs taken during camp, whether for advertising, promotion, and/or publicity purposes by the Baltimore County Department of Recreation and Parks, its local Recreation Councils and their representatives unless otherwise indicated in writing prior to camp. The camper waives all claims of compensation for such use.

- 8.) Permission is granted for camper to attend all camp field trips upon notification.
- 9.) The Baltimore County Department of Recreation and Parks and its local Recreation Councils reserve the right to transfer a camper to any Department/Council operated day camp for young people with disabilities which it deems appropriate for meeting his/her needs.
- 10.) Camper grants permission for the Baltimore County Department of Recreation and Parks, its local Recreation Councils and their representatives to talk with, and receive records from, other professionals involved with the camper including physician, physical therapist, mental health and/or education professional.

CAMPER REPRESENTS THAT ALL OF THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT AND THAT THE BALTIMORE COUNTY DEPARTMENT OF RECREATION AND PARKS, ITS LOCAL RECREATION COUNCILS AND THEIR REPRESENTATIVES HAVE FULL RIGHT AND AUTHORITY TO RELY ON THE INFORMATION CONTAINED THEREIN. CAMPER FURTHER RECOGNIZES THAT THE BALTIMORE COUNTY DEPARTMENT OF RECREATION AND PARKS, ITS LOCAL RECREATION COUNCILS AND THEIR REPRESENTATIVES RESERVE THE RIGHT TO REJECT ANY CAMPER IN THE EVENT OF THE FAILURE OR REFUSAL OF CAMPER TO ACCURATELY COMPLETE AND SIGN ALL OF THE REQUIRED DOCUMENTS.

I HAVE READ AND FULLY UNDERSTAND THE PROGRAM DETAILS, WAIVER AND RELEASE.

Signature of Parent/Guardian

Date