



City of Frostburg

Department of Parks & Recreation

Dear Parents:

The City of Frostburg Department of Parks and Recreation would personally like to welcome you to our 10th Annual Summer Day Camp program. The Summer Day Camp program is designed for children ages 5-12. It is sponsored by the City of Frostburg Department of Parks and Recreation and offers sports activities, nature activities, outdoor/adventure activities, theatre arts, music, dance, social activities, swimming, and field trips. It is our utmost intention "To create a safe and enjoyable environment for your child while at the camp." The department would further like to extend a warm welcome to all campers registered for the program and the parents/guardians of those children.

The Frostburg Summer Day Camp Program is now entering its 10th year of operation. The Summer Day Camp Program is designed to nurture the overall development of the child. We fully expect to create an environment in which each camper will derive physical, mental, emotional, and social benefits from recreation participation. Our goal is to leave each individual camper with positive memories that will last a lifetime. We will make every effort to provide necessary accommodations for individuals with disabilities so long as they do not present any undue hardship to the Day Camp program, the Day Camp staff, or fundamentally alter the nature of the Day Camp program or activities. Maryland law prohibits our day camp staff from administering medications to campers. As a result, if campers are not certified by a physician as capable of self-administration of a medication with supervision, we may be unable to accommodate the child in our day camp.

We have enclosed all of the necessary forms that you will need to complete in order to finalize your child's registration. These include a camper registration form, medical history form, emergency information form, video/picture permission form, and disability accommodation form, and other forms as required the State Dept of Health & Mental Hygiene. Please provide complete and accurate information regarding your child's personal information, medical history, emergency contacts, and disabling conditions. All registration forms must be returned to Frostburg City Hall (59 East Main St.). Payment is due upon registration. Space is limited! Registrations will be accepted on a first come, first served basis with a maximum number of 30 campers per week. The mailing address for the Department of Parks and Recreation is P.O. Box 440, 59 East Main St, Frostburg, MD 21532.

The Summer Day Camp Program hours are from 9am - 4pm, Monday – Friday. Camp begins on Monday, June 6, 2016 and runs through Friday, August 12, 2016. Drop-off and pick-up will be at Beall Elementary School (3 East College Avenue). We are looking forward to meeting you and your child! Please feel free to present all questions or concerns regarding the Summer Day Camp program to me, Brian Vought, Director of Parks & Recreation. I can be contacted by phone at 301-689-6000 ext. 18 or by e-mail at bvought@frostburgcity.org.

Sincerely,

Brian P. Vought
Director of Parks & Recreation,
City of Frostburg



City of Frostburg

Department of Parks & Recreation

2016 Summer Day Camp REGISTRATION FORM

Child's Name: _____

Address: _____

Birth Date: _____ Age: _____ Male Female

School: _____ Last Grade Completed: _____

Address: _____

Are we permitted to contact you by text message and/or email if necessary? Yes No

Please provide necessary contact info below.

_____ Parent / Guardian _____ Home Phone _____ Cell Phone

_____ Place of Employment _____ Work Phone _____ Email Address

_____ Parent / Guardian _____ Home Phone _____ Cell Phone

_____ Place of Employment _____ Work Phone _____ Email Address

In case of an emergency, please contact:

1st Emergency Contact: _____ Emergency Phone: _____

2nd Emergency Contact: _____ Emergency Phone: _____

Child's Physician: _____ Phone: _____

Does the camper currently take medication? Yes No

Does the camper possess any disabling conditions that may limit his/her ability to participate? Yes No

If yes, the parent/guardian must request and fill out a disability accommodation form.

Does the camper have any allergies? Yes No

If yes, please specify: _____

Child Responsibilities

The child must:

- 1) Obey camp rules as provided by the Camp Director or Camp Counselors.
- 2) Obey instructions given by the Camp Director or Camp Counselors.
- 3) Display a kind and respectful attitude toward other campers.
- 4) Behave appropriately and avoid offensive, rude, and aggressive behavior.

Parent Responsibilities

The parent must:

- 1) Provide transportation to and from camp for the child.
- 2) Drop off and pick up the child at specified arrival and departure times.
- 3) Keep the child in good hygiene and ensure that the child is wearing the appropriate clothing for camp each day.
- 4) Stay informed about the child's camp experience and support the disciplinary actions taken by camp staff.
- 5) Keep the staff informed of any changes in the physical or emotional health of the camper.
- 6) Be sure your child has eaten an adequate and healthy breakfast prior to arrival at Day Camp each day.

Program Staff Responsibilities

The camp staff must:

- 1) Nurture the overall development of the child.
- 2) Ensure that all children experience the optimum level of achievement in every activity.
- 3) Provide the campers with new skills and knowledge in sports, nature, outdoor/adventure, theatre arts, music, dance, and social activities.
- 4) Create and maintain a fun and safe environment for the campers.

The Frostburg Department of Parks and Recreation is an equal opportunity recreation service provider. No child shall be discriminated against on the basis of race, color, religion, national origin, sex, sexual orientation, physical or mental disability in the full and equal enjoyment of the goods, services, facilities, privileges, advantages, and accommodations that the Frostburg Department of Parks and Recreation is able to provide.

I, the parent/legal guardian of the child named above, give my permission for him/her to participate in the City of Frostburg Department of Parks and Recreation Summer Day Camp Program. I assume all risks and hazards incidental to such participation including transportation to and from site. I do hereby waive, release, and hold harmless the sponsor of this program and the City of Frostburg from any claiming arising out of injury during this program.

Signature of Parent/Legal Guardian

Date

THE MISSION STATEMENT FOR THE FROSTBURG SUMMER DAY CAMP PROGRAM IS:

“To create a safe and enjoyable environment for youth during the summer months by offering structured, organized, and supervised recreational and educational activities in the City of Frostburg.”

Parents are responsible for providing transportation to and from camp. Regular hours of operation are Monday through Friday, 9am - 4pm. **Extended hours includes early care from 8:00am – 8:55am.** Extended hours for AM care only. We will no longer be doing extended PM care. No supervision is scheduled before 8:00am or after 4:00pm. Therefore, a fee at the rate of \$5/per child for every 15 minutes will be charged for parents who arrive late to pick up children. We understand that unavoidable situations may arise resulting in the late pick up of your child. If you know you are running late or will be running late, please call to notify camp staff as soon as possible.

If paid on or before May 20, a weekly cost of \$80/child and a seasonal rate of \$760/child is available. For all payments **after May 20**, a weekly rate of \$85 and a daily rate of \$18 will be charged per child with an additional \$3/day being charged for early care if applicable.

Please indicate the week(s) your child will be attending camp. **Weekly/daily payments are accepted.** Our staffing numbers are based on the number of children attending the camp. Therefore, all fees must be paid at least one week prior to the dates your child is attending to allow for adequate staff scheduling. *Missed days that have been paid for will not be credited without a minimum of one week written notice to the Day Camp director prior to the missed day. Partial weeks are subject to the daily rate and are not eligible for the weekly rate if combined with other partial weeks.*

	Before/After May 20		Before/After May 20
Week 1 (June 6 - June 10)	<input type="checkbox"/> \$80/\$85	Week 6 (July 11 – July 15)	<input type="checkbox"/> \$80/\$85
Week 2 (June 13 - June 17)	<input type="checkbox"/> \$80/\$85	Week 7 (July 18 - July 22)	<input type="checkbox"/> \$80/\$85
Week 3 (June 20 – June 24)	<input type="checkbox"/> \$80/\$85	Week 8 (July 25 – July 29)	<input type="checkbox"/> \$80/\$85
Week 4 (June 27 - July 1)	<input type="checkbox"/> \$80/\$85	Week 9 (Aug 1– Aug 5)	<input type="checkbox"/> \$80/\$85
Week 5 (July 6 - July 8)*	<input type="checkbox"/> \$45/\$50	Week 10 (Aug 8 – Aug 12)	<input type="checkbox"/> \$80/\$85

* Week 5 has been shortened due to the July 4th Holiday. The cost is reduced to reflect the change.

We regret that breakfast will not be provided. As a result, we must ask that all children eat an adequate, nutritional breakfast each morning prior to drop off to provide long lasting energy until lunch time. A well-balanced **free lunch will be provided** this year through a USDA food service program. There will be a lunch menu posted each week at the drop off location to determine if the child would like to participate. If your child does not like the lunch choice on a certain day, he/she must bring a packed lunch for that day.

Please determine the total cost for your child’s attendance at camp.

Number of weeks _____ Add applicable costs listed above = \$ _____

Number of days (if not attending full weeks) _____ Add applicable costs listed above = \$ _____

Number of weeks requiring AM extended care _____ X \$15/Week = + \$ _____

Total Cost: \$ _____

Camp registration is on a first come first served basis and only a limited number of slots are available. Please return a check or cash for the appropriate amount for your child’s attendance at camp along with this registration form. Registration will not be confirmed until the appropriate funds are received by the Frostburg City Department of Parks and Recreation. At least 48 hours advance notice is required to receive a full refund for the following week(s). Due to staff scheduling requirements we will not provide partial week refunds.



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Department of Parks & Recreation

2016 Summer Camp CAMPER MEDICAL HISTORY INFORMATION FORM

Child's Name: _____ Sex: _____ Age: _____ DOB: _____

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

If yes, please explain: _____

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

If yes, please explain: _____

Please check appropriate box in accordance with the questions listed below. Leave blank questions of which you are unsure of an answer.

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Has your child had a medical illness or injury since last check up or sports physical? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have an ongoing or chronic illness? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your child ever been hospitalized overnight? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your child had surgery? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your child currently taking any prescription or non-prescription medications? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your child currently using an inhaler? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child have any allergies? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your child ever passed out during or after exercise? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your child ever been dizzy during or after exercise? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your child ever had chest pain during or after exercise? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your child ever had racing or skipped heartbeats? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your child had high blood pressure or high cholesterol? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your child ever been told he/she has a heart murmur? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has any family member or relative died of heart problems or of sudden death before age 50? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your child had a severe viral infection within the last month? (i.e. mononucleosis). |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child have any current skin problems? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your child ever had a head injury or concussion? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your child ever been knocked out, become unconscious, or lost his/her memory? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your child ever had a seizure? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child have frequent or severe headaches? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your child ever had numbness or tingling in arms, hands, legs or feet? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your child ever had a stinger, burner, or pinched nerve? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your child ever become ill from exercising in the heat? |

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child cough, wheeze, or have trouble breathing during or after activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child have asthma? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have seasonal allergies that require medical treatment? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child require or use any special protective or corrective equipment or devices?
(i.e. knee braces, special neck roll, retainer for teeth, hearing aid). |

- Has your child had any problems with his/her eyes or vision?
- Does your child wear glasses, contacts, or protective eyewear?
- Has your child ever had a sprain, strain, or swelling after injury?
- Has your child broken or fractured any bone, or dislocated any joints?
- Has your child been diagnosed with any physical, psychiatric, or behavioral condition? If yes please explain below.
- Does your child ever feel stressed out?
- Has your child had any other problems with pain or swelling in muscles, tendons, bones, or joints?

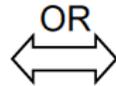
If yes, please check appropriate box and explain below.

- | | | | |
|------------------------------------|----------------------------------|------------------------------------|-------------------------------|
| Head <input type="checkbox"/> | Elbow <input type="checkbox"/> | Hip <input type="checkbox"/> | Foot <input type="checkbox"/> |
| Back <input type="checkbox"/> | Forearm <input type="checkbox"/> | Upper leg <input type="checkbox"/> | Toes <input type="checkbox"/> |
| Chest <input type="checkbox"/> | Wrist <input type="checkbox"/> | Knee <input type="checkbox"/> | |
| Shoulder <input type="checkbox"/> | Hand <input type="checkbox"/> | Lower Leg <input type="checkbox"/> | |
| Upper Arm <input type="checkbox"/> | Fingers <input type="checkbox"/> | Ankle <input type="checkbox"/> | |

EXPLAIN ANY YES ANSWERS HERE: _____

IMMUNIZATION INFORMATION:

For campers who reside **within** the United States, a United States territory, or the District of Columbia:



For campers who reside **outside** the United States, a United States territory, or the District of Columbia:

1. State/territory in which child resides:

2. Is this child exempt from any immunizations? [] NO
 [] YES, List them: _____

1. Country in which child resides:

2. Attach Department form DHMH-896 (record of vaccination or immunity)

* Immunization Form DHMH-896 can be found at the following link - <http://1.usa.gov/1Jv5JWP>

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Parent/Guardian Signature: _____ Date: _____



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2016 Summer Camp EMERGENCY INFORMATION FORM

Child's Legal Name: _____ **Grade:** _____ **Age:** _____

Home Address: _____
(Street Address) (City) (State) (Zip Code)

Home Phone Number: _____ **Birth Date:** _____ **SSN:** _____

Name of Mother/Guardian: _____

Employer: _____ **Phone Number:** _____

Name of Father/Guardian: _____

Employer: _____ **Phone Number:** _____

Child Lives With: Mother Father Both Other

Name of Person Authorized to Drop Off and Pick Up Child (Daily): _____

Child's Physician: _____ **Phone:** _____

Address: _____
(Street Address) (City) (State) (Zip Code)

IF PARENTS/GUARDIANS CANNOT BE REACHED, LIST TWO PERSONS / RELATIVES TO BE CALLED IN CASE OF AN EMERGENCY:

1st Emergency Contact (Parent or Legal Guardian):

Name: _____ **Relationship:** _____

Home/Cell Phone: _____ **Work Phone:** _____

2nd Emergency Contact (Other than person listed above):

Name: _____ **Relationship:** _____

Home/Cell Phone: _____ **Work Phone:** _____

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes Frostburg Summer Day Camp staff to have your child transported to the hospital in the event it is deemed necessary by camp staff.

Signature of Parent/Guardian: _____ **Date:** _____

MEDICATION ADMINISTRATION AUTHORIZATION FORM

Department of Health & Mental Hygiene (DHMH)
Center for Healthy Homes and Community Services (CHHCS)
(410) 767-8417 Toll Free 1-877-4MD-DHMH ext. 8417

I. CAMP OPERATOR			
<p>This form must be completed fully in order for youth camp operators and staff members to administer the required medication or for the camper to self administer medication. A new medication administration form must be completed at the beginning of each camp season, for each medication, and each time there is a change in dosage or time of administration of a medication.</p> <ul style="list-style-type: none"> • Prescription medication must be in a container labeled by the pharmacist or prescriber. • Nonprescription medication must be in the original container with the instructions for use. Nonprescription medication includes vitamins, homeopathic, and herbal medicines. • An adult must bring the medication to the camp and give the medication to an adult staff member. 			
II. CAMP INFORMATION			
YOUTH CAMP NAME			
PHYSICAL ADDRESS			
CITY		STATE	ZIPCODE
III. PRESCRIBER'S AUTHORIZATION			
CHILD'S NAME		DATE OF BIRTH	
CONDITION FOR WHICH MEDICATION IS BEING ADMINISTERED:		EMERGENCY MEDICATION [] YES [] NO	
MEDICATION NAME	DOSE	ROUTE	
TIME/FREQUENCY OF ADMINISTRATION		IF PRN, FREQUENCY	
IF PRN, FOR WHAT SYMPTOMS			
KNOWN SIDE EFFECTS SPECIFIC TO CHILD			
MEDICATION SHALL BE ADMINISTERED <i>(NOT TO EXCEED 1 YEAR)</i>	FROM	TO	
PRESCRIBER'S NAME/TITLE		This space may be used for the Prescriber's Address Stamp	
TELEPHONE	FAX		
ADDRESS			
CITY	STATE		
PRESCRIBER'S SIGNATURE <i>(Parent cannot sign here)</i> <small>(ORIGINAL SIGNATURE OR SIGNATURE STAMP ONLY)</small>			DATE
IV. PARENT/GUARDIAN AUTHORIZATION			
<p>I request the authorized youth camp operator/staff to administer the medication or supervise the camper in self administration if authorized as prescribed by the above prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period, an adult must pick up the medication, otherwise it will be discarded. I authorize camp personnel to communicate with the prescriber as allowed by HIPAA.</p>			
PARENT/GUARDIAN SIGNATURE			DATE
HOME PHONE #	CELL PHONE #	WORK PHONE #	
V. AUTHORIZATION FOR SELF ADMINISTRATION AND SELF CARRY			
<p>I consent that the child named above is able to self administer the medication listed. I authorize self administration of the above listed medication for the child named above under the supervision of an authorized youth camp operator/staff member. The child named above may self carry emergency medication if indicated below.</p>			
PRESCRIBER'S SIGNATURE	SELF CARRY EMERGENCY MEDICATION (Check One) [] YES [] NO [] Not emergency medication	DATE	
PARENT/GUARDIAN'S SIGNATURE	SELF CARRY EMERGENCY MEDICATION (Check One) [] YES [] NO [] Not emergency medication	DATE	



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2016 Summer Camp DISABILITY ACCOMMODATION FORM

It is the policy of the Frostburg Department of Parks & Recreation to offer opportunities for individuals with disabilities in our recreation programs in accordance with ADA rules and regulations. No child will be discriminated against, or otherwise treated unfairly due to a disabling condition. A disability is defined under the ADA as a condition which limits one or major life activities. The Frostburg Department of Recreation will make all reasonable attempts to accommodate and include individuals with disabilities in our recreation programs.

Participant Name: _____

Address: _____

Phone: _____ Age: _____ Birth Date: _____

Participating in: Week 1 Week 2 Week 3 Week 4 Week 5
 Week 6 Week 7 Week 8 Week 9 Week 10

Parent Name: _____ Phone: _____

Medical Condition/Disability (*please explain limitations.*): _____

Accommodations Required (*please explain in detail*): _____

Does the participant require an inclusion companion? Yes No

Additional Information: _____



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PHOTOGRAPHY AND VIDEO RELEASE

The Summer Day Camp Program will be operating at several different sites within the Frostburg community. In order to maximize the visibility, understanding, and effectiveness of the Frostburg Department of Parks and Recreation services, we will be using technology in the form of video and photography in a variety of ways during the Summer Day Camp Program.

Periodically, photographs and video will be taken of the campers as they are actively participating in recreation activities. In addition, "camp highlights", which may include field trips, swimming pool experiences, camper recognition, camper achievement, and high levels of enjoyment, will be photographed or videotaped to preserve those special memories for the children themselves or future generations of campers. Furthermore, it is likely that campers and camp counselors will be organized in an informal manner for group photographs.

Photography and/or video may be used for the following purposes.

- 1) Camp staff at all levels may use video as a means to evaluate the quality of the experience provided.
- 2) Camp Counselors may use video as a tool for improving their recreation provision skills and abilities.
- 3) Camp Counselors may use video as a tool for improving camper's activity relevant skills and abilities.
- 4) The Frostburg Department of Parks and Recreation may use video and/or photographs as features in the establishment of its web site.
- 5) The Frostburg Department of Parks and Recreation may use video and/or photographs for its future promotional and marketing efforts.
- 6) The Frostburg Department of Parks and Recreation may submit photographs to be published in the local newspaper.
- 7) Finally, the Frostburg Department of Parks and Recreation may offer video and/or photographs to the campers to help preserve memories and encourage reflection on their camp experiences.

Permission Statements

I give my child permission to be videotaped or have pictures taken while involved in the activities and events related to the Summer Day Camp Program.

I do not give my child permission to be videotaped or have picture taken while involved in the activities and events related to the Summer Day Camp Program.

CHILD'S NAME: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Frostburg Summer Day Camp Sunscreen Application Policy

1. All parents are required to complete and sign the Sunscreen Application Authorization for each child attending camp in accordance with state regulations.
2. Day Camp staff is not permitted to assist in the application of sunscreen on campers unless written approval is given by a Sunscreen Application Authorization form that has been completed and signed by the parent/guardian. If reapplication is necessary, it should be done according to the instructions written on the sunscreen container and applied in accordance with the Frostburg Summer Day Camp Sunscreen Application Policy.
3. Campers should be encouraged to, and in most instances should, apply sunscreen to themselves. Day Camp staff, if authorized by the parent, should only assist with application after the camper has applied sunscreen themselves. Any exposed areas that the camper could not effectively apply sunscreen to should be addressed by Day Camp staff. When assisting campers with application of sunscreen, staff should try to limit touching the camper as much as possible. **Under no circumstances should campers assist each other in the application of sunscreen where touching is required in the application process.**
4. Sunscreen must be provided by the parent/guardian and should be a type that can be used by the camper with little assistance. The sunscreen provided must be logged in by camp staff in the sunscreen log and must have the camper's name written on it in permanent marker. If a parent/guardian has more than one child attending camp and those children will be sharing the same container of sunscreen, be sure to list the names of all the children on the container of sunscreen to be used.
5. The Sunscreen Log must be kept at the camp site and must contain the following information:
 - Camper's Name
 - Brand of Sunscreen
 - SPF of sunscreen
 - Expiration date of sunscreen
 - Date received
 - Final disposition of sunscreen (date is was emptied/replaced/returned)

The sunscreen application policy listed above is required by the State of Maryland Department of Health & Mental Hygiene. If you are unable to provide sunscreen for your child, please notify the Day Camp Director so other arrangements can be made to prevent sun overexposure.

Frostburg Summer Day Camp Sunscreen Application Authorization

In accordance with new requirements by the Maryland State Department of Health and Mental Hygiene, we are now required to obtain authorization from a parent/guardian to permit the application of sunscreen on campers. Parents/guardians must also list the brand/brands of sunscreen permitted to be used, and approve/deny camp staff to assist with the application of sunscreen. As directed by the new State requirements (listed above), we encourage parents to apply sunscreen to their child prior to sending him/her to camp for the day.

Name of Child: _____

If any brand of sunscreen is acceptable please check box

Please use the following brand/brands of sunscreen only: _____

Minimum SPF of sunscreen to be used on your child : _____

I Do Do Not authorize day camp staff to assist my child with the application of sunscreen.
(Please check box above that applies)

I have read and understand the information regarding sunscreen application. As the parent/guardian of the child listed above, I authorize the use of sunscreen on my child, in accordance with the procedures noted above.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____