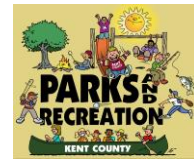




**County Commissioners of Kent County MD
Department of Parks & Recreation
2018 Leaders Club Registration Information**



March 19, 2018

Dear Leaders Club Parent/Guardian,

In an effort to make the summer camp registration process easier, this letter will provide you with a list of items that **MUST** be completed on the registration form **BEFORE** your child/children can be enrolled in a summer camp program with Kent County Parks and Recreation. If one or more items are incomplete or missing, the registration forms will be returned to you. This may cause your child/children to have a delayed enrollment into program and to possibly be added to a waiting list. A checklist has been provided below.

****No registration forms will be accepted before April 2nd****

****No registration forms will be accepted via facsimile****

****No registration forms will be accepted via email****

- _____ Parent/Guardian Signature on all lines that require a parent/guardian signature
- _____ Participant Signature on the Code of Conduct Agreement
- _____ Immunization Information (Must indicate if child is exempt)
- _____ Family Physician's Name and Phone Number
- _____ Medical Insurance Carrier and Group/Policy Number
- _____ Child's T-Shirt Size (Please indicate whether Child or Adult size)
- _____ Child Pick-Up Authorization (Kent County Parks and Recreation will not release a child to anyone not listed. It is the parent/guardian's responsibility to update the list)
- _____ Medication Authorization Form (Must be signed by the prescriber/physician for a child who currently takes medication and will need dosage(s) administered during camp hours)
- _____ Documents needed to support a Scholarship Application
 - First page of previous year's federal taxes AND (2) consecutive pay stubs for each adult parent in household **OR**
 - Verification (original letter on official letterhead) from agency that verifies you receive assistance
- _____ \$50 Non-refundable deposit is due to secure child's spot in Leaders Club
 - If applying for a scholarship, the deposit is required. The remaining balance is due by June 15.

Thank you for your attention and care in ensuring a smooth enrollment process. Should you have any questions or concerns about summer camp program enrollment or in general, please feel free to call us at 410-778-2083 or email info@KentParksAndRec.org.

Sincerely,

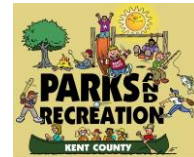
Kent County Parks and Recreation

**2018 Leaders Club Program Dates:
June 25 - August 2 (6 Week Program)**

Enrollment Confirmation and Scholarship Award Notifications:
Sent within (2) weeks of receipt of registration (pending all documentation is in order).



**County Commissioners of Kent County MD
Department of Parks & Recreation
2018 Leaders Club Registration Information**



**** Important Notice to Summer Camp Program Parents **
Kiddie, Day, and Youth In Action ** Leaders Club**

As a new year of Kent County Parks and Recreation Summer Camp fun quickly approaches, we want to ensure you are aware of our camp policies and procedures for **summer camp registration**. We hope you will find our policies and procedures information helpful. Should you have questions before registration opens on April 2, 2018 please call 410-778-2083 or email info@KentParksAndRec.org.

PLEASE BE FULLY PREPARED ON REGISTRATION DAY - MONDAY, APRIL 2

- ✓ Updated forms (with a revised 2018 date) will be available beginning March 19 at the Community Center in Worton or you may print forms from our website at <http://www.KentParksAndRec.org/publications.php>.
- ✓ Complete your child's registration forms in advance of arriving to register for a summer camp program.
- ✓ Incomplete forms will not be accepted and will delay your child's enrollment. In this case, you will be asked to exit the line (if on registration opening day) and complete forms in their entirety. You will then be required to rejoin the end of the line to await your turn.
- ✓ REGISTRATION IS NOT ACCEPTED ONLINE or BY FAX.
- ✓ **Registration is only accepted via the options below:**
 - ❖ *In person at the Kent County Community Center located at 11041 Worton, Rd., Worton, MD 21678*
 - ❖ *By mail to Kent County Parks & Recreation, P.O. Box 67, Worton, MD 21678*

KIDDIE CAMP, DAY CAMP & YOUTH IN ACTION CAMP PROGRAM HOURS

- The program will operate from 8am – 5:30 pm, Monday – Friday.
- Extended Care before 8 am or after 5:30 pm is not available.

REGISTRATION DEPOSIT REQUIREMENT

- A non-refundable deposit of \$70 is required of ***all** participants to secure your child's spot in a camp. The deposit may be paid in two installments but must be paid in full by June 15.
 - A minimum of \$35 of the deposit is required at the time of registration.
 - The remaining deposit balance (if not paid in full at registration) is due by June 15.

*Sibling discount is not applicable to the deposit and begins with the second session.

*Scholarship applicants are required to pay the deposit. If granted, the award begins the second session.

- **THERE ARE NO EXCEPTIONS TO THE NON-REFUNDABLE DEPOSIT POLICY**

FEE STRUCTURE: WEEKLY / ENTIRE SUMMER PRE-PAY

- The weekly registration fee is \$70 per child and includes all activities for the week.
 - A separate weekly trip fee will not be collected.
- The entire summer fee pre-payment option *offers a discount of \$70 (one week off)* for campers attending all sessions of camp when the balance is paid in full no later than Friday, June 15. **The discount is void if the balance is not paid June 15.**
 - \$490 per child for the entire (8) week program (Kiddie Camp/Day Camp)
 - \$420 per child for the entire (7) week program (Youth In Action)
 - The non-refundable deposit will be applied to the entire summer fee if not paid in full at the time of registration.
 - Refunds are not issued for any sessions not attended.

LEADERS CLUB PROGRAM / DEPOSIT

- The program will operate 8:30 am - 5:30 pm, Monday – Thursday at Kent County Middle School.
- After receipt of initial registration forms, additional information and forms will be mailed to you. The completed additional forms are due by the date indicated in the accompanying letter.
- A non-refundable deposit of \$50 is required of **all** participants to secure your child's spot in a camp. The deposit may be paid in two installments but must be paid in full by June 15.
 - Should a scholarship be awarded, the scholarship is applied toward the \$150 balance.
 - The remaining balance of the registration fee (if not paid in full at registration) is due by Friday June 15.
- **THERE ARE NO EXCEPTIONS TO THE NON-REFUNDABLE DEPOSIT POLICY**

11041 Worton Road ~ P.O. Box 67 ~ Worton, MD 21678 ~ 410-778-1948 ~ KentParksAndRec.org ~ [Facebook.com/KentCountyCommunityCenter](https://www.facebook.com/KentCountyCommunityCenter)

County Commissioners of Kent County, MD
Department of Parks and Recreation Camp Registration (Leaders Club)
www.KentParksAndRec.org

Please note this is only the initial registration form, and depending on the program, additional forms may be required. Your spot will be held pending the completion of the additional forms (if applicable).

FOR OFFICE USE ONLY

Program Registration Policies:

1. Please complete one (1) registration form for each participant or register online at KentParksAndRec.org for a nominal fee.
2. Registration must be completed in its entirety to be accepted.
3. Registration is accepted on a "first come" basis.
4. Refunds for all programs are subject to a \$5 processing fee and may take up to two (2) weeks to process.
5. We reserve the right to cancel or alter programs that do not meet registration requirements.

Date Received: _____
Time Received: _____
Staff Initials: _____

Please return form to: Kent County Parks and Recreation, 11401 Worton Road, P.O. Box 67, Worton, MD 21678

Participants Name (First/Last):
 (one form per person, program, or trip)

M/F: Age: Date of Birth: Email:
 (very important! please print clearly)

Parent's or Guardian's Full Name (if applicable):
 Parent's or Guardian's Full Name (if applicable):

Physical/Mailing Address:

City/State: Zip:

Home Phone: Work Phone: Cell Phone:

Emergency Contact: Phone Number:

Program/Class/Trip:

Session(s) (if applicable):

Location (if applicable):

Fee: \$ **Make Check or Money Order payable to County Commissioners of Kent County, MD**

Registration fee must accompany registration form to secure spot. If applying for a scholarship, fully completed application and all required supporting documents must accompany registration form.

I recognize the risks of illness and injury in any exercise/physical fitness or educational program and am participating in the Parks and Recreation program upon the express agreement and understanding that I am hereby waiving and releasing Parks and Recreation, it's officers, directors, employees, and agents from any and all claims, costs, liabilities, expense or judgment, including attorney's fees and court costs (herein, collectively "claims") arising out of my participating in the aforesaid course/activity or any illness, injury, or death resulting there from and hereby agree to indemnify and hold harmless the Parks and Recreation Department from and against all such Claims except Claims proximately caused by the gross negligence or willful misconduct of Parks and Recreation. In addition, I give permission for Kent County Parks and Recreation to take photographs/video my (or my child's) participation for the purpose of archives and advertising.

_____/_____/_____
 Participant Signature Date Parent/Guardian Signature (if under 18) Date

-----FOR OFFICE USE ONLY-----

Amount Paid: \$ _____ Date: _____ Cash/Check #: _____ Staff Initials: _____ Confirm. Date: _____
 Scholarship: _____ Additional Forms Required: _____
 Date entered in ActiveNet: _____ Initials of Staff: _____

Date Withdrawal Form Received: _____ Refund Date (if applicable): _____ Office Manager Initials: _____
 Amount Refunded: _____ Date Refund Submitted to Finance Department: _____
 If any part of the Registration Fee is retained by the Department, please explain: _____

County Commissioners of Kent County, MD

Department of Parks and Recreation Health History Form

*This form is required. Please type or print clearly. *
 REGISTRATION WILL BE DELAYED IF INFORMATION IS INCOMPLETE.

Participant's Name: _____

Family Physician: _____
Name Phone

Has participant experienced any of the following?

Type	Yes	No	Type	Yes	No	Type	Yes	No
Eating Disorder			Menstruation Problems			Frequent Earaches		
Sleeping Disorder			Bowel/Bladder Disorder			Asthma		
Posture Problems			Eye Problems			Diabetes		
Dental Problems			Wear Glasses or Contacts			Anemia		
Skin Problems			Hearing Difficulties			Speech Problems		
Allergies			If yes, explain:					
Illness/Disability			If yes, explain:					
Behavioral Problems			If yes, explain:					
Currently taking Medicine			If yes, explain:					
Additional medical information or special conditions staff should know:								

Medical Insurance Carrier: _____ Group/Policy #: _____

Parent/Guardian Name: _____ Home # _____ Work #: _____

Emergency Contact #1: _____
Name Relationship to Child Phone Numbers

Emergency Contact #2: _____
Name Relationship to Child Phone Numbers

*****Emergency contacts must be listed separately on pick up Authorization Form if also authorized to pick up your child*****

The above health history is correct to the best of my knowledge, and the person herein described has permission to engage in all prescribed camp activities except as noted. Authorization for treatment: I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment, and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child as named above. The completed forms may be photocopied for trips out of camp.

 Parent/Guardian Signature ____/____/____
Date

***IF YOU CAN NOT SIGN THIS FORM FOR RELIGIOUS REASONS YOU MUST PROVIDE A SIGNED LEGAL WAIVER WITH THIS FORM.**

County Commissioners of Kent County, MD
Character Counts at Department of Parks and Recreation
Conduct Code Agreement

As a participant in any Kent County Parks & Recreation program your child is expected to exhibit appropriate behavior at all times while participating, spectating, or attending any program or activity sponsored by the department. ***Character Counts at Kent County Parks & Recreation! We promote the six pillars of good character.*** The following participant expectations are designed to provide safe and enjoyable activities for ALL participants.

PARTICIPANTS SHALL:

1. Show **respect, fairness** and a sense of **caring** to all participants, program staff, supervisors and or guests.
2. Take direction from program staff/supervisors.
3. Refrain from using abusive or foul language
4. Not cause bodily harm to self, other participants, or program staff/supervisors. ***(Threats and or physical violence of any type WILL NOT BE TOLERATED and is grounds for immediate dismissal.)***
5. Refrain from damaging or vandalizing equipment or property.
6. Remain with his/her group and supervisor at all times. Be **responsible** and **trustworthy**.
7. Abide by the program site policies and regulations. And, display good **citizenship** at all times.

CONDUCT REPORTS WILL BE ISSUED WHEN VERY AGGRESSIVE, DANGEROUS, PERSISTENT OR UNCONTROLLABLE POOR BEHAVIOR IS EXHIBITED.
APPROVED DISCIPLINE MEASURES ARE:

1. Time Outs: Participant will be asked to sit out, from an activity, for a short period of time.
2. Loss of privileges: Participant will lose privileges such as choice of game or activity.
3. After three written conduct reports suspension from the program for one week.
4. Upon a fourth conduct report, or a single severe behavior problem, dismissal from the program indefinitely.

Please sign below as an indication that you have read, understood and encourage your child to abide by the Code of Conduct. By signing below, you understand the discipline procedures for misbehavior by your child.

PARTICIPANT SIGNATURE: _____
(Children ages 6 and older must print or sign own name. Parent must not complete for child.)

Parent/Guardian Signature

____/____/____
Date

County Commissioners of Kent County, MD
Department of Parks and Recreation
Leaders Club
Additional Information and Child Pick Up Authorization

 Name of Child

Check Grade Entering __7 __ 8 __9

T-Shirt Size: Adult **Check One:** __S__M__L__XL__2X__3X

Individuals listed below are authorized to pick up my child.

Name	Relationship to Child	Phone
Name	Relationship to Child	Phone
Name	Relationship to Child	Phone
Name	Relationship to Child	Phone
Name	Relationship to Child	Phone
Name	Relationship to Child	Phone
Name	Relationship to Child	Phone

I understand Kent County Parks & Recreation will not release my child to anyone not listed above
 and **it is my responsibility to update this list** as needed.

Parent Name _____

Parent Signature _____ Date _____