

**\*\* 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 is quickly approaching, we want to make you aware of our new camp policies that will be **effective Monday, April 3, 2017, the first day of summer camp registration**. The changes are being implemented to provide a more efficient and effective administrative operation that is beneficial to campers, parents, and staff.

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

- The program will operate from 8 am–5:30 pm each day, Monday–Friday.
- There is no longer an Extended Day option (8 am–9 am or 5 pm–5:30 pm).

**NEW WEEKLY FEE STRUCTURE**

- ❖ The weekly registration fee is \$70 per child and includes all activities for the week.
    - A separate weekly trip fee will not be collected.
  - A non-refundable deposit of \$70 is required of *\*all participants (\*\*including scholarship applicants)* to secure your child's spot in the camp. The deposit may be paid in two installments.
    - 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 16.
- \*Sibling discount is not applicable for the deposit and begins with the second session attending.  
\*\*Scholarship applicants must also pay the deposit (even if awarded a scholarship).*

**THERE WILL BE NO EXCEPTIONS FOR THE NON-REFUNDABLE DEPOSIT POLICY**

- ❖ Entire Summer Fee Pre-payment Discounts (Must be paid no later than Friday, June 23):
    - \$490 per child for the entire summer (Kiddie Camp/Day Camp)-\$70 savings
    - \$420 per child for the entire summer (Youth In Action) - \$70 savings
- \*The non-refundable deposit paid at the time of registration will be deducted from the fee*

**LEADERS CLUB PROGRAM DEPOSIT**

- A non-refundable deposit of \$50 is required of all participants (including scholarship applicants) to secure your child's spot in the camp and is due at the time registration is submitted.
  - Should a scholarship be awarded, the scholarship is applied toward the \$150 balance.

**PLEASE BE FULLY PREPARED ON REGISTRATION DAY-MONDAY, APRIL 3**

- ✓ Please be sure to complete your child's registration forms in advance of arriving to register for summer camp.
- ✓ Updated forms will be available beginning March 17 at the Community Center in Worton or you may print forms from our website at <http://www.KentParksAndRec.org/publications.php>.
- ✓ Incomplete forms will not be accepted and will delay your child's enrollment. In this case, you will be asked to exit the line and complete forms in their entirety. You will then be required to rejoin the end of the line to await your turn.

Thank you for your attention to and understanding of the policy changes. We look forward to seeing you on Monday, April 3! Should you have any questions prior to registration day, please feel free to contact us at 410-778-1948 or email [info@KentParksAndRec.org](mailto:info@KentParksAndRec.org).

**County Commissioners of Kent County, MD**  
**Department of Parks and Recreation Camp Registration (Leaders Club)**  
[www.KentParksAndRec.org](http://www.KentParksAndRec.org)

\*Please note this is only the initial registration form, depending on the program you wish to register for additional forms may be required. Your spot will be held pending the completion of the additional forms (if applicable).\*

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_  
 Time Received: \_\_\_\_\_  
 Staff Initials: \_\_\_\_\_

**Program Registration Policies:**

1. Please complete one (1) registration form for each participant.
2. Registration must be completed in its entirety in order 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 three (3) weeks to process.
5. We reserve the right to cancel or alter programs that do not meet registration requirements.

**Please return form to:** Kent County Parks and Recreation, 11401 Worton Road, PO Box 67,  
 Worton, MD 21678, [Info@KentParksAndRec.org](mailto:Info@KentParksAndRec.org), Fax: 410-778-4602

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 all Checks and Money Orders payable to County Commissioners of Kent County, MD**

**If you submit your registration via email or fax you will receive a confirmation that it was *received*. Payment must be received within seven (7) days after that confirmation before you will be officially registered.**

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 of my (or my child's) participation for the purpose of archives and advertising.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Participant Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian Signature (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

\*If emailing - signature will be due the first day of the program\*

**FOR OFFICE USE ONLY**

Amount Paid: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Cash/Check #: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Conf 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: \_\_\_\_\_  
NamePhone

**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: \_\_\_\_\_  
NameRelationship to ChildPhone Numbers

Emergency Contact #2: \_\_\_\_\_  
NameRelationship to ChildPhone 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 emailing - signature will be due the first day of the program\*

**\*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 regulations 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 means for immediate dismissal no exceptions.)***
5. Refrain from damaging equipment.
6. Refrain from vandalism of property/ equipment.
7. Remain with his/her group and or supervisor at all times. Be **responsible** and **trustworthy**.
8. Abide by the program site policies and regulations. And, display at all times good **citizenship**.

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

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 \_\_\_\_\_