### County Commissioners of Kent County, MD \* Department of Parks & Recreation

11041 Worton Rd., P.O. Box 67, Worton, MD 21678 \* info@KentParksAndRec.org KentParksAndRec.org \* Facebook.com/KentCountyCommunityCenter

### Holiday Camp Registration

Please note that this may be 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).

### Registration Policies:

Please complete one (1) registration form for each participant and mail with payment, or for a nominal fee, register online at KentParksAndRec.org or register in person at the Community Center (no form required).

Registration must be completed in its entirety to be accepted.

- Registration is accepted on a first come first served basis.
- Refunds for all programs are subject to a \$5 processing fee and may take up to two (2) weeks to process.

FOR OFFICE USE ONLY Date Received: Time Received: Staff Initials: \_\_

rticipant First & Last Na	me / Nick Name (if an	y):		/	
M/F: Age:	Date of Birth:	/ / Email:			
Parent/Guardian Full Na	me (if applicable):	(Ve	ry important to be able to conta	ict you with updates - please p	rint clearly
areno Gaaranan Fan Iva	inic (ii applicable).				
Parent/Guardian Full Na	me (if applicable):				
Physical and Mailing Ac	ldress:				
	37 / NI				
Kent County	Resident: 1es / No	City, State.		Zip Code:	
(Must be	Answered; Will be Verified)				
Home Phone:		Work Phone:	C	Cell Phone:	
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Emergency Contact/ Relationship:			Phone Number	er:	
Medical/Health Info	rmation		111011011011	VI.	
Does the participant hav	e any allergies? (If ves	, please list)			
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Does the participant take					
Does the participant hav	e any behaviors that st	aff should be made aware (A	DHD, ADD, ODD, etc.)?		
Does the participant hav	e any medical condition	nis stari snouid oc made awa	re (Diabetes, Epilepsy, Asthma, Heart	Conditions, Frequent Ear Infections	, Fevers, etc
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# County Commissioners of Kent County, MD Department of Parks & Recreation Child Pick Up Authorization

	Name of Child			
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		
	t County Parks & Recreation will not release my ove and it is my responsibility to update this lis			
Parent First and Last Name				
	Date			

## County Commissioners of Kent County, MD Character Counts at Department of Parks & 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