

2017 Evergreen Heritage Center Summer Camps

REGISTRATION FORM *(one per family)*



Camper #1		
Name: _____ M/F: ____ DOB: _____ Entering Grade: _____		
School Name: _____ Permission to photograph/video for marketing purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No		
___ Grow It, Cook It 7/10-14 (entering grades 4-8; \$140)	___ Science Camp 7/24-28 (entering grades 4-8; \$130)	___ Young Naturalists 7/31-8/4 (entering grades 1-3; \$90)

Camper #2		
Name: _____ M/F: ____ DOB: _____ Entering Grade: _____		
School Name: _____ Permission to photograph/video for marketing purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No		
___ Grow It, Cook It 7/10-14 (entering grades 4-8; \$140)	___ Science Camp 7/24-28 (entering grades 4-8; \$130)	___ Young Naturalists 7/31-8/4 (entering grades 1-3; \$90)

Camper #3		
Name: _____ M/F: ____ DOB: _____ Entering Grade: _____		
School Name: _____ Permission to photograph/video for marketing purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No		
___ Grow It, Cook It 7/10-14 (entering grades 4-8; \$140)	___ Science Camp 7/24-28 (entering grades 4-8; \$130)	___ Young Naturalists 7/31-8/4 (entering grades 1-3; \$90)

Parent/Guardian's Name: _____

Address: _____

Best way to contact you (Parent) regarding registration or other information:

phone: _____ email: _____

Yes, please contact me about camp scholarships!

	Camp Fees
Camper #1	\$
Camper #2	\$
Camper #3	\$
TOTAL	\$
Discount*	- \$
TOTAL DUE	\$

- Camp is filled in a first-come, first-served basis.
- **You may submit a 50% deposit to hold your registration, but all fees must be submitted in full one week prior to your child's first week of camp.**
- Make check payable to EHC and mail to our Foundation Office: 101 Braddock Heights, Frostburg, MD 21532-2345.
- Sibling and multi-week discount available! Subtract \$10 per program week for multiple weeks (ex: 3 total weeks of camp gives a \$30 discount).

I, the parent/legal guardian of the child(ren) named above, give my permission for him/her to participate in EHC Summer Camp program. I assume all risks and hazards incidental to such participation including transportation to and from site which is located 15603 Trimble Rd NW, Mt Savage, MD 21545. I do hereby waive, release, and hold harmless the Evergreen Heritage Center Foundation from any claim arising out of injury during this program. I have read and understand the EHC Camp Policies.

Signature of Parent/Legal Guardian

Date

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EHC EMERGENCY/MEDICAL FORM *(one per child)*



Camper's Medical Information

Child's Legal Name: _____ Nickname: _____
M/F: _____ DOB: _____ Entering Grade: _____ Date of last tetanus (DTP/DTAP) shot: _____
Physician: _____ Phone: _____

Please answer the following medical questions:

	Yes	No
Does your child wear glasses, contacts, or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child use an asthma inhaler?	<input type="checkbox"/>	<input type="checkbox"/>
Is your child taking any prescription or non-prescription medicines?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have allergies?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child carry an epi-pen for allergies?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have an ongoing illness that would impact their participation?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have any special dietary restrictions?	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any YES answers or provide additional information for camp staff:

In EMERGENCIES requiring immediate medical attention, your child will be taken to the WMHS Emergency Room. Your signature authorizes EHC Summer Camp staff to have your child transported to the WMHS ER in the event it is deemed necessary by staff.

Signature of Parent/Legal Guardian

Date

Emergency Contact Information

Mother/Guardian's Name: _____
Contact Phone Number (during camp hours): _____

Father/Guardian's Name: _____
Contact Phone Number (during camp hours): _____

Person authorized to drop off/pick up child (daily) _____

Two additional contacts should parents be unavailable during an emergency:

Name: _____ Phone: _____

Relationship to camper: _____

Name: _____ Phone: _____

Relationship to camper: _____

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CAMP POLICIES (*keep at home*)



Medications: EHC Staff cannot administer any prescription or non-prescription medications. Participants may not bring any medications with them except for epi-pen and inhalers. If participants require medications during the day, please call to discuss how we can best meet your child's needs.

Sunscreen and Bug Spray: EHC Staff does not provide sunscreen or bug spray and cannot help participants apply sunscreen or bug spray. Please apply sunscreen and/or bug spray to your child prior to arriving at EHC Camp. If you choose to send these items to camp for reapplication, please LABEL the bottle with your child's name and make sure that they are capable of applying it themselves. Mosquitos are not typically a problem at the EHC, however, ticks are becoming more common throughout Allegany County and we suggest you check your child for ticks daily.

Attire: Participants should dress for outdoor play each day. We recommend t-shirts, shorts, and tennis shoes that can get dirty. Please, no flip-flops or loose shoes.

Other: A small snack will be provided to campers daily, such as a granola bar or fruit. Please note any dietary requirements on the Emergency & Medical Information Form. Water will always be available but please have campers BRING A WATER BOTTLE each day if possible.

Child Responsibilities

The child must:

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

Parent Responsibilities

The parent must:

- 1) Provide transportation to and from camp (9am and 1pm for Young Naturalists Science Camp, 9am and 3pm for all other camps) and notify staff if you will be late.
- 2) Ensure that the child is prepared for camp with appropriate clothing, sunscreen, and a water bottle.
- 3) Stay informed about the child's camp experience.
- 4) Provide the camper with a healthy breakfast prior to camp and pack a healthy lunch.

Program Staff Responsibilities

The camp staff must:

- 1) Communicate information clearly to parents and campers.
- 2) Ensure that all children experience the optimum level of achievement in every activity.
- 3) Provide the campers with new skills and knowledge.
- 4) Create and maintain a fun and safe environment for the campers.

The Evergreen Heritage Center Foundation is an equal opportunity organization. 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 Evergreen Heritage Center Foundation is able to provide.

Parents are responsible for providing transportation to and from camp at the Evergreen Heritage Center located at 15603 Trimble Rd NW, Mt Savage, MD 21545. Session hours of operation are Monday through Friday, 9am to 3pm for all camps **except** the Young Naturalists Camp, which runs from Monday through Friday from 9am to 1pm. A fee at the rate of \$2 for every 15 minutes will be charged for parents who arrive late to pick up children. If you know you are running late, please notify camp staff by calling 703-326-0425 or 240-920-7345.