

# Antietam Recreation Day Camp REGISTRATION APPLICATION

9745 Garis Shop Road, Hagerstown, MD 21740 • www.antietamrecreation.com  
**e-mail:** antietamrec@md.net • **phone:** 301-797-7999 or 301-797-3733 • **fax:** 301-797-7782

Please attach a picture of your child here

To ensure proper registration please print clearly.

Child/ren's Last Name: \_\_\_\_\_

*If children have different last names, or live at different addresses, please fill out separate applications.*

## 1st Child

\_\_\_\_\_,    
 First Name M.I. Male Female  
 / /  
 Birth Date Age School  
 \_\_\_\_\_  
 Friends

## 2nd Child

\_\_\_\_\_,    
 First Name M.I. Male Female  
 / /  
 Birth Date Age School  
 \_\_\_\_\_  
 Friends

*Note: Please list above if your child would like to be grouped with a friend; only one friend is guaranteed per child. If the age of the friend or sibling is more than two years difference please call our office to discuss the situation. **5 & 6 year olds are all grouped together.***

**SWIMMING LEVELS:** Use this guide to determine your child's level! Note: Leave blank if your child attended camp last year.

**Level 1:** Getting comfortable in the water.

**Level 4:** Being introduced to side and breast strokes.

**Level 2:** Swimming across the width of the pool without assistance.

**Level 5:** Perfecting of side stroke, breast stroke, & butterfly.

**Level 3:** Perfecting front/back crawl, rhythmic breathing, elem. backstroke & butterfly.

List Swim Level: \_\_\_\_\_

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**IMMUNIZATION INFORMATION** Any child NOT enrolled in a MD school **must** submit an immunization shot record and attach it to this form. If your child is exempt from immunizations for religious/ medical reasons please explain or attach a separate sheet if additional explanation is needed \_\_\_\_\_

We are required to have the date of your child's last tetanus shot. The tetanus shot (must be within the last 10 years) can be found on your immunization record under DTP, DPT, DPaT, or Tdap.

Tetanus Shot Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Month/Year

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 Month/Year

**MEDICAL INFORMATION** Explain physical, psychological, behavioral, or any other medical problems that your child has/may have. Include such things as allergies, heart problems, etc., which we (and our staff) should be aware of for your child's protection. We do not have a full time nurse or doctor on location and are not equipped to handle special needs children that require extra care. **NOTE: We do not administer medications.** Use an additional sheet if needed.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MARK YOUR CAMP WEEKS!** Fill in your total number of weeks. The numbered boxes correspond to the weeks listed under Weekly Themes in the brochure. Please check the weeks you desire.

Total # Wks:   1 2 3 4 5 6 7 8 9 10 11

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**OPTIONAL RIDING:** Riding is included in the cost for 5 & 6 year olds. For campers 7-13 years old riding is an additional charge. For those who wish to participate in horseback riding please fill out the riding weeks desired. For more details on our horseback riding program check out the Info. & Schedule page of the Brochure.

Total # Wks:   1 2 3 4 5 6 7 8 9 10 11

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**FAMILY INFORMATION:**

Home Phone

Work Phone

Cell Phone

Email Address

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

This is Residence of...

Child/ren's Home Address

City

State

Zip

Both  Dad  Mom  Other

If the camper is staying with someone other than a parent/legal guardian during camp (such as grandparents/ family friend) please fill out:

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Full Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**EMERGENCY INFORMATION:**

Physician's Name: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

If the parent /guardian cannot be reached, who else can we call in case of an emergency?

1<sup>st</sup> \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name Phone Name Phone

**PAYMENT INFORMATION:** (see Payment Options in the brochure or visit the website to use the rate calculator )

Make sure to add riding, if desired, whether paying in full or paying the deposit.

I am paying **IN FULL** : \$ \_\_\_\_\_

I am paying a **DEPOSIT** of \$40.00 / wk \$ \_\_\_\_\_ **This is only an option before May 1st.**

*Note: If you choose to pay the deposit, your balance will automatically be deducted from your credit card the Monday morning of the week (s) of camp your child is attending. You are welcome to pay the deposit using a different method but for the weekly payments you must complete the credit/ debit card information listed below.*

I authorize Antietam Recreation to charge my credit/debit card (listed below) for the balance due on the Monday of each week my child is attending.

Signature: \_\_\_\_\_

**PAYMENT METHOD:**

Visa  MC  Discover  AMEX

Check # \_\_\_\_\_

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_

Name on card: \_\_\_\_\_ CVV Code \_\_\_\_\_

**IMPORTANT: Statements of Insurance & Injury-** I carry health and accident insurance on my child that covers his participation at Antietam Recreation Day Camp. In the event the camper(s) named requires medical treatment due to illness or injury, Antietam Recreation shall attempt to contact me for instructions. However, if contact is not made, or if the nature of the situation otherwise requires, I give my full permission to the head counselor/director to administer or provide for such emergency medical treatment as may be appropriate, and I hereby release the persons administering or providing for the same from liability with respect thereto. I have read and understand the statements regarding policies, insurance, injury, and recognize that this application will not be processed without my payment, signature, physician's information, date of child's tetanus, and immunization record (for children not enrolled in MD schools).

Additionally, I give my consent for any photos of my child to be used in brochures, posters, and other print materials for Antietam Recreation.

I understand that Antietam Recreation reserves the right to expel any camper who does not contribute to the overall success of the camp.

\_\_\_\_\_/\_\_\_\_\_/10  
Signature of Parent/Guardian Date

**CHECK THIS LIST!**

We cannot process your application without this information!

- A Current Picture
- Physician's Name & Phone Number
- Emergency Contact Info
- Date of Tetanus Shot
- Immunization Records (for children NOT enrolled in a MD school)
- Signature of Parent or Guardian