Antietam Recreation Day Camp
REGISTRATION APPLICATION

9745 Garis Shop Road, Hagerstown, MD 21740 - www.antietamrecreation.com
info@antietamrecreation.com - 301-797-7999 - fax: 301-797-7782

Please attach a picture of your child here

PERSONAL INFO

CHILD'S LAST NAME: _____ **FIRST NAME:** _____ **M.I:** _____

☐ MALE ☐ FEMALE ____/____/_____ BIRTH DATE _____ AGE _____ SCHOOL

FRIENDS: List any friends that your child would like to be grouped with; only one friend is guaranteed. If the age of the friend or sibling is more than two years difference, please call our office to discuss. Junior, youth, and teen campers cannot be grouped together. (For example, a 5 year old could not be grouped with a 10 year old.)

_____

HOW DID YOU FIND US?

☐ Attended Before ☐ Friends & Family ☐ Brochure ☐ Online ☐ Signs ☐ School Groups ☐ Other _____

YOUR CHILD'S SWIMMING LEVEL: _____

Use this guide to determine your child's level! Leave blank if your child attended camp last year.

Level 1: Getting comfortable in the water.
Level 2: Swimming the width of the pool without assistance.
Level 3: Perfecting front/back crawl, elementary backstroke & butterfly.
Level 4: Being introduced to side and breast strokes.
Level 5: Perfecting of side stroke, breast stroke, & butterfly.

MEDICAL INFO

IMMUNIZATIONS:

Any **homeschooled** child 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 on a separate sheet.

MEDICAL NEEDS:

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. Although we have a registered nurse onsite, according to Maryland Health Department regulations **we are unable to administer medications at our facility or provide specialized care.** Emergency medications may be kept in the office accompanied by a signed form.

_____

_____

CAMP WEEKS

REGISTRATION:

Check the box indicating the first day of the week for which you would like to register. The dates listed below indicate the age range that is accepted for that particular week. Optional riding sessions are available for ages 6-13 at an additional cost. Choose between 2 classes a week ($38) or 4 classes a week ($65).

☐ 6/8-6/9 *partial wk.* *Ages 4-13*	☐ 6/5 *Age 4-13*	☐ 6/12 *Age 4-13*	☐ 6/19 *Age 4-13* *Age 14-16*	☐ 6/26 *Age 4-13*	☐ 7/3 *Age 4-13*	☐ 7/10 *Age 4-13* *Age 14-16*	☐ 7/17 *Age 4-13*	☐ 7/24 *Age 4-13* *Age 14-16*	☐ 7/31 *Age 4-13* *Age 14-16*	☐ 8/7 *Age 4-13* *Age 14-16*	☐ 8/14 *Age 4-13*	☐ 8/21 *Age 4-13* *Age 14-16*	☐ 8/28 *Age 4-13*
	Riding ☐ *2x/wk* ☐ *4x/wk*	**Riding** ☐ *2x/wk* ☐ *4x/wk*	**Riding** ☐ *2x/wk* ☐ *4x/wk*	**Riding** ☐ *2x/wk* ☐ *4x/wk*	**Riding** ☐ *2x/wk* ☐ *4x/wk*	**Riding** ☐ *2x/wk* ☐ *4x/wk*	**Riding** ☐ *2x/wk* ☐ *4x/wk*	**Riding** ☐ *2x/wk* ☐ *4x/wk*	**Riding** ☐ *2x/wk* ☐ *4x/wk*	**Riding** ☐ *2x/wk* ☐ *4x/wk*	**Riding** ☐ *2x/wk* ☐ *4x/wk*	**Riding** ☐ *2x/wk* ☐ *4x/wk*	**Riding** ☐ *2x/wk* ☐ *4x/wk*

FAMILY INFO

FAMILY INFORMATION:

Father: _____ _____ _____ _____ _____
NAME HOME PHONE WORK PHONE CELL PHONE EMAIL ADDRESS

Mother: _____ _____ _____ _____ _____
NAME HOME PHONE WORK PHONE CELL PHONE EMAIL ADDRESS

Child/ren's Home Address: _____ _____ _____ _____
ADDRESS CITY STATE ZIP

This is the address of: ☐ ☐ ☐ ☐ _____
BOTH MOM DAD OTHER

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

NAME _____ RELATIONSHIP TO CAMPER _____ PHONE NUMBER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMERGENCY INFORMATION

PHYSICIAN'S NAME _____ PHONE NUMBER _____

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

First: NAME _____ PHONE _____ Second: NAME _____ PHONE _____

PAYMENT INFO

PAYMENT

*See **Payment Options** in the brochure for full details. If you choose to use the payment plan, any riding options selected (see reverse for details) will be added to your weekly balance and charged on a week by week basis.*

❑ Card # __ __ __ __-__ __ __ __-__ __ __ __-__ __ __ __ Expiration Date: _____/_____ CVV Code: _____

Name on card: _____ ❑ Check # _____ ❑ Cash

❑ I am paying **IN FULL**: $ _____

❑ I am paying a **DEPOSIT** of $40.00 / wk $ _____

*Your balance will automatically be deducted from your credit card the Monday morning of the week(s) your child is attending. To use this option you **must complete the credit/ debit card information listed below.** This authorizes Antietam Recreation to charge this credit/debit card for the balance on the Monday of each week your child is attending.*

Card # __ __ __ __-__ __ __ __-__ __ __ __-__ __ __ __ Expiration Date: _____/_____ CVV Code: _____

Name on card: _____

YOUR SIGNATURE

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 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 and injury.

*I understand that Antietam Recreation **DOES NOT** supply sunscreen and it **DOES** encourage parents to apply it at home, but if I provide sunscreen in my child's bag then that sunscreen and brand are authorized to be used and the staff are permitted to help apply it if needed.*

Additionally, I give my consent for any photos and videos of my child to be used in media or 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.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____/_____/_____

Check this list: *We cannot process your application with missing items!*

- ❑ A Current Picture
- ❑ Physician's Name & Phone Number
- ❑ Emergency Contacts
- ❑ Immunization Records (for homeschooled children)
- ❑ Signature of Parent or Guardian