



HOWARD COUNTY, MARYLAND: DEPARTMENT OF RECREATION AND PARKS

BUREAU OF RECREATION & ADMINISTRATIVE SERVICES

**NOTE: You must fill out both pages of this form and bring it with you on the first day of the activity.
CAMP PARTICIPANT INFORMATION**

Participant name: _____ Age _____ Sex: MALE FEMALE

Address: _____

Home Phone: _____ Work Phone: _____

Doctor's Name: _____ Phone: _____

INDIVIDUAL TO BE CONTACTED IN CASE OF EMERGENCY:

NAME: _____ **PHONE:** _____

Neighbor or other person to be contacted in case of an emergency when above indicated cannot be reached:

NAME: _____ **PHONE:** _____

Name of person (other than parent) authorized to pick up child: _____

Relationship to Child: _____

Address: _____ **PHONE:** _____

Are there any custody issues we should be aware of? NO YES (if yes, please attach a copy of court order)

HEALTH HISTORY:

Are your immunizations shots up to date? YES NO

A camper **NOT** a Maryland School, (public or private), or who receives Home Instruction, is in pre-school or kindergarten through 12th grade, **must furnish evidence of age, appropriate primary immunization against diphtheria, tetanus, pertussis, polio, measles (rubeola), rubella (German measles), and mumps, unless a physician provides a statement that the immunization is contraindicated.** Waivers can be granted on religious grounds if the parent or guardian completes the Maryland State Department of Health and Mental Hygiene form, however such exception cannot be granted if an emergency or epidemic has been declared. Evidence must be attached to this form.

DATE OF LAST TETANUS SHOT: _____

ALLERGIES: Are there any allergies that Howard County Department of Recreation and Parks (HCRP) Staff should be aware of?
 NO YES If yes, what allergies? _____
In the event of an allergic reaction, what action (if any) will the HCRP staff be expected to take? _____

Are you taking any medication? NO YES
If yes, are you requesting that HCRP staff administer the medication? NO YES If yes, please complete a **medication order form** and attach.

Please explain any other specific problems or health concerns which may affect your participation in the activities offered in this camp: _____

Are there any other concerns or health issues that you would like HCRP staff to be aware of? Are there any special instructions in case of an emergency? _____

(OVER)

PROGRAM NAME: _____

DATE OF PROGRAM _____

PARTICIPANT NAME: _____

I UNDERSTAND:

1. That there are inherent dangers in any recreational activity or program.
2. That I must be aware of the hazards associated with each activity, such as use of equipment, slips and falls, personal level of fitness, training, and various athletic injuries related to this activity.
3. I must read and understand all written material, which has been provided by the Howard County Department of Recreation and Parks.
4. The rules and regulations for each activity, as explained in any written materials and/or explained by staff.
5. That the possible consequences of participating in these activities include the possibility of serious injury.

I AGREE:

1. To obey the rules and regulations for each activity and to follow the directions of the staff.
2. To inform a staff member of any dangerous or potentially hazardous situation that I may observe.
3. That if I do not understand how an activity is performed or how a piece of equipment is to be used, I will ask a staff member prior to beginning that activity.
4. To inform a staff member if I have any problems meeting the physical requirements necessary for participation in any activities.

Signature of Participant: _____

Date: _____

Signature of
Parent/Guardian: _____

Date: _____

I am aware that while participating in a recreation activity or program arranged by the Howard County Department of Recreation and Parks, certain risks and dangers may be present, including but not limited to those generally associated with certain activities, the hazards or traveling the public highways, of accidents, of illness, and of those forces or nature.

I agree to indemnify and defend Howard County and hold it harmless from and against any and all claims, suits, damages, liabilities and expenses, including attorney's fees and the County's costs of defense, in connection with loss of life, personal or bodily injury and /or damage to or loss of property that arises from the participation of _____ (Name of Participant) In _____ (Name of activity or program), except to the extent that such loss or damage is occasioned by the negligent act or omission of the county, its officers, agents or employees and no negligence on the part of the Participant.

Signature of Participant: _____

Date: _____

Signature of
Parent/Guardian: _____

Date: _____

In **EMERGENCIES** requiring immediate medical attention, your child will be taken to the **NEAREST HOSPITAL EMERGENCY ROOM**. Your signature authorizes the responsible person at the childcare facility to have your child transported to that hospital.

Signature of
Parent/Guardian: _____

Date: _____