

For Office Use Only:

Date Received: _____

Staff Initials: _____

2026 Calvert County Parks & Recreation Summer Camp Registration

Camp Locations- Please circle below

Northeast Community Center

Calvert Middle School

Plum Point Elementary School

Southern Middle School

Camp Session(s)- Please circle below

Week 1: 6/23-6/26*

Week 2: 6/29-7/2**

Week 3: 7/6-7/10

Week 4: 7/13-7/17

Week 5: 7/20-7/24

Week 6: 7/27-7/31

Week 7: 8/3-8/7

* No camp Monday June 22.

** No camp 7/3 in observance of Holiday

Participant Information

Name: _____ Age: _____ Date of Birth: _____

Home Address: _____

City _____, State _____ Zip Code _____

Parent/Guardian and Emergency Contact Information

Parent/Guardian 1 Name: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent/Guardian 2 Name: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Drop Off/Pick Up Information

The parent/guardian will be required to sign in their child at drop off and sign out their child at pick up each day. In the event the parent/guardian is unable to pick up their child, the parent/guardian must contact the camp staff and inform them of the name of the authorized individual who will be picking up the child.

Additionally, the parent/guardian or an authorized individual, must be able to pick up the child within 30 minutes of being notified that the child is demonstrating symptoms of illness, uncontrollable behavior or inclement weather causes the need for early termination of the program.

The parent/guardian authorizes the below listed individuals to pick up their child if they are unable to do so. It is the responsibility of the parent/guardian to keep this list up to date and accurate.

1) Name: _____ Phone: _____

2) Name: _____ Phone: _____

3) Name: _____ Phone: _____



2026 COOL KIDS CAMP Parent/Guardian Agreement



I _____ (parent/guardian name) understand that by initialing each line, signing, and returning this document that I have carefully and completely read and agree to the following:

I have read and understand the rules and regulations regarding summer camp, provided in the camp information packet.

I have discussed the rules and regulations and explained their ramifications to my child/children who will be attending the camp.

I understand that payment is due in full 3 weeks prior to the start of each camp session.

I understand that if there is a balance due for a camp session my child will be unable attend camp until the balance is paid in full.

I understand camp hours are 8 a.m. to 5 p.m. and agree that my child will be dropped off and signed in no earlier than 8 a.m. and picked up and signed out no later than 5 p.m.

I acknowledge that my child must be signed in and out each day by an authorized adult.

I agree to not send my child to camp if they are demonstrating any signs of illness.

I understand CCPR will notify me should my child become ill or uncontrollable and I or an authorized individual will be responsible for picking up my child within 30 minutes of notification.

I understand my child may be released at any time from CCPR programs if it is determined my child lessened the health, safety, welfare, or enjoyment of him/herself or other participants.

I am responsible for sending the following for my child each day: refillable water bottle, snacks, drinks, lunch, sunscreen, bug repellent, towel. Child must wear appropriate clothing and footwear when attending camp. Closed toed athletic shoes are preferred, except for pool trips when sandals may be worn while on the bus to/from and at the pool.

I understand that CCPR is not responsible for items my child brings to camp.

I understand that I am responsible for providing appropriate supplies for field trips as directed. See camp information packet for details.

I understand CCPR contracts for use of buses for trip transportation.

I give my permission for my child to attend an "Appropriate PG" rated movie if a "G" rated movie is not available.

I acknowledge my child can swim and can pass the required swim test - must be able to swim the entire length of the pool without stopping and/or touching the bottom. Yes No

I understand CCPR may take photographic images of my child while in attendance at the camp facility & functions to be used for publicity purposes. If I do not want my child photographed, I must notify camp staff on the first day of camp.

I understand that all medicine authorization and immunization forms (if applicable) must be completed and received by CCPR prior to the start of camp.

Child's Name: _____

Camp Location: _____

Guardian's Signature: _____ **Date:** _____

PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

*****READ BEFORE SIGNING*****

BY SIGNING THIS AGREEMENT YOU ARE, AMONG OTHER THINGS, GIVING UP CERTAIN VALUABLE LEGAL RIGHTS TO SUE CERTAIN PERSONS AND PARTIES.

The undersigned agrees to release, indemnify, and discharge the County Commissioners of Calvert County, Maryland, its officers, directors, members, agents, employees, representatives, contractors and subcontractors (hereinafter collectively referred to as "Calvert County Government") on behalf of himself/herself, his/her spouse, children, parents, next of kin, heirs, assigns, personal representative and estate as follows:

- 1) The risk of injury from participation in Parks and Recreation Program/Activity, to include virtual participation; and understands that damage to or loss of property, personal injury or fatality may occur. **THE UNDERSIGNED KNOWINGLY AND FREELY ASSUMES ALL RISKS, BOTH KNOWN AND UNKNOWN FOR PARTICIPANT'S PARTICIPATION IN THE PROGRAM;** and
- 2) The undersigned certifies that the Participant has the necessary skills and ability to participate in this activity and does voluntarily participate in this and the related activities with knowledge of the dangers and risks involved, both known and unknown.; and
- 3) The undersigned accepts and assumes responsibility for Participant's injury, death, and loss of or damage to personal property and expenses thereof as a result of Participant's negligence or the negligence of others in participating in this activity and hereby releases and discharges Calvert County Government from all claims, demands, and rights or causes of action for injuries or damages of any description which may occur as a result of the Participant's participation in this activity which may be initiated by myself or any other person, whether arising from the negligence of Calvert County Government or otherwise, to the fullest extent or the law; and
- 4) The undersigned agrees not to initiate or assist in the prosecution of any claim for damages, or course of action which may accrue by reason of injury to the Participant or the Participant's property arising from the activities contemplated by this agreement or related thereto; and
- 5) The undersigned certifies that the Participant has consulted their primary care provider and that the participant does not have any underlying health concerns preventing the Participant in participating in this Recreational Program/Activity; and
- 6) The undersigned agrees and permits the County to take any and all necessary and reasonable precautions at such times whereby the County has reason to believe that the Participant has been exposed to or is exhibiting symptoms related to a communicable transmitted disease, to include, but not limited to, not allowing the Participant to participate in the Program until the Participant provides the County with proof that s/he has tested negative for the disease. The Participant will immediately leave the Program, or an authorized person will pick up the Participant within one hour of being notified of the County's decision; and
- 7) By participating in this activity, the undersigned consents to the use of any print or digital photographs, pictures, film, or videotape taken of the Participant for publicity, promotion, television, websites, or any other use, and expressly waives any right of privacy, compensation, copyright or ownership right connected to same; and
- 8) **The terms and conditions of the above provisions shall continue in full force and effect at all times and shall be binding upon the undersigned, his/her heirs, executors, representatives, administrators, successors and assigns.**

The undersigned represents and warrants that s/he is at least 18 years of age and has full legal capacity to execute this release on behalf of the Participant. The undersigned represents and warrants that s/he has read this release of liability, assumption of risk and waiver agreement and fully understands its terms and understand that s/he has given up substantial rights by signing it and signs it freely and voluntarily without any inducement.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date



2026 CAMPER HEALTH HISTORY



Child's Name: _____ Date of Birth: _____

Child's Physician: _____ Phone: _____

Emergency Contact (other than Parent/Guardian): _____ Phone: _____

Contact's relationship to child: _____

HEALTH INFORMATION:

1. Are there any health problems including physical, psychiatric, or behavioral concerns of which we need to be aware?

Yes No

If yes, please describe:

2. Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive? Yes No

If yes, please describe:

3. Does your child receive any accommodations at school that would be helpful for us to be aware of to ensure your child's camp experience is positive? Yes No

If yes, please describe:

IMMUNIZATION INFORMATION:

Camper resides **within the United States**, a United States territory, or the District of Columbia:

State/territory in which the child resides: _____

Camper resides **outside the United States**, a United States territory, or the District of Columbia:*

Country in which the child resides: _____

* Department form DHMH-896 REQUIRED,

https://health.maryland.gov/phpa/oideor/immun/shared%20documents/mdh_896_form.pdf

Is this child exempt from any immunizations? Yes No

If yes*, please list:

My child will require prescription medication while attending this program. Yes No

If yes, a separate Medication Administration Authorization form must be completed by the parent/guardian and the child's physician. The completed form must be received by CCPR prior to the start of camp. **Child must be able to self-administer medication.**

I agree to follow the Maryland State Certification guidelines regarding prescription medication for my child(ren). I understand that certification guidelines state that any prescription sent to camp for my child(ren) **MUST BE IN THE ORIGINAL CONTAINER FROM THE PHARMACIST AND ONLY A SINGLE DAY'S SUPPLY OF MEDICATION IS PERMITTED TO BE SENT TO CAMP PER CHILD PER DAY.**



Authorization for Application

NO AEROSOL sunscreen or bug repellent may be applied at camp due to Health Department Guidelines.

If you would like staff to apply sunscreen and/or bug repellent to your camper as needed, please complete the following:

Camper's Name _____

Sunscreen

To be provided by parent/guardian.

Brand Name: _____

Special Instructions:

Side Effects/Toxic Effects:

Bug Repellent

To be provided by parent/guardian.

Brand Name: _____

Special Instructions:

Side Effects/Toxic Effects:

In the event your camper has forgotten or is out of either sunscreen or bug repellent, do you allow staff to apply products provided by camp as needed?

Yes No

Is your child allergic to any sunscreens or bug repellents? Yes No

If yes, please list name brands and/or ingredients:

I hereby authorize the camp staff to dispense these medications as prescribed.

Signature of Parent/Guardian Completing Form: _____ Date: _____