

Antietam Recreation Day Camp 2024

REGISTRATION APPLICATION

9745 Garis Shop Road, Hagerstown, MD 21740 - www.antietamrecreation.com

Please attach a picture of your child here

Accuracy is of the utmost importance to us, therefore online registration is greatly preferred. There will be a \$5.00 per child processing fee for paper applicants.

CHILD'S LAST NAME: _____

PERSONAL INFO

_____ 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.

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 INFO

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. 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 9-13 at an additional cost. Choose 2 classes a week (\$40)(You can select either Mon/Wed or Tues/Thurs.) If your child would like to have 4 classes per week you can sign up for both Mon/Wed and Tues/Thurs classes.

Your child must be registered by 5:00 PM Thursday of the previous week. We are not able to accept additions after Thursday at 5:00 pm.

6/3 6/10 6/17 6/24 7/1 7/8 7/15 7/22 7/29 8/5 8/12 8/19
Age 4-13 Age 4-13 Age 4-13 Age 4-13 Age 4-13 Age 4-13 Age 4-13 Age 4-13 Age 4-13 Age 4-13 Age 4-13 Age 4-13

Riding	Riding	Riding	Riding	Riding	Riding	Riding	Riding	Riding	Riding	Riding	Riding
<input type="checkbox"/> 2x/MW	<input type="checkbox"/> 2x/MW	<input type="checkbox"/> 2x/MW	<input type="checkbox"/> 2x/MW	<input type="checkbox"/> 2x/MW	<input type="checkbox"/> 2x/MW	<input type="checkbox"/> 2x/MW	<input type="checkbox"/> 2x/MW	<input type="checkbox"/> 2x/MW	<input type="checkbox"/> 2x/MW	<input type="checkbox"/> 2x/MW	<input type="checkbox"/> 2x/MW
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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

FAMILY INFO

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: _____ Second: _____

NAME PHONE NAME PHONE

PAYMENT

See **Payment Options** in the brochure or online 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. **Before May 15th, weeks can be transferred or cancelled without a penalty and refunds made in full. After May 15th there is a \$15.00 fee to transfer weeks (per week, per child), and if weeks are cancelled there is a \$50.00 cancellation fee (per week, per child) whether the parent paid in full or used the payment plan option.**

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

Name on card: _____ Check # _____ Cash

I am paying **IN FULL**: \$ _____ (Cost is \$240 per week however some discounts may apply so check before making payment.)

I am paying a **DEPOSIT** of \$50.00 / 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.

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 only**)
- Signature of Parent or Guardian