



OVERLEA FULLERTON RECREATION COUNCIL

SUMMER CAMP

Spend Your Summer With Us!

POLAR PALS

ARTS & CRAFTS ~ SPECIAL EVENTS ~ ACTIVE GAMES ~ NATURE ~ WATER ACTIVITIES ~ FIELD TRIPS



Limit 30 campers
Ages 6 thru 12 as of July 28, 2017
\$435 per child

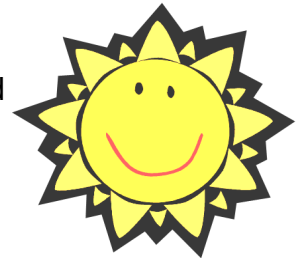
Fullerton Community Center
7209 Belair Rd, Baltimore, MD 21206

Monday - Friday June 26 - July 28, 2017
9 am - 4 pm

Information Regarding All Camps

Parent/Guardian will need to park their car in the designated parking lot and walk their camper into the building.

A letter must be provided to the staff should someone other than the custodial parent be picking up the camper.



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MAIL IN REGISTRATION ONLY

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REGISTRATION WILL NOT BE COMPLETE WITHOUT THE FOLLOWING REQUIRED INFORMATION:

1. Date of last tetanus immunization
2. List of any allergies*
3. Primary physician's name & phone number
4. Insurance provider and policy number
5. Names and phone numbers of 2 people to notify in case of emergency (other than phone number listed for home)

A doctor's release is required if your child is taking any medications and/or has any medical or health factors or limitations that may effect your child's performance.

Note: If blocks 1 or 2 on the registration form are checked a medical release is required.

*** NO MEDICATIONS WILL BE GIVEN OUT AT CAMP**

Return Completed Registration Form with a copy of your child's birth certificate, check or money order, current email address, and all required information to:

O.F.R.C. Summer Camp
4304 Fullerton Ave
Baltimore, MD 21236

Make Checks Payable to: OFRC.
All returned checks will be assessed a \$35 fee.

No Refunds

All registrations must be received by
Friday, May 26, 2017

For more information call: 410-887-5307

These programs are designed to provide a healthy and enjoyable leisure experience for your child. However, they are not designed to provide child care. Therefore, parents are encouraged to discuss attendance expectations with their children. Department staff cannot detain youth wishing to leave at any time.

Should you require special accommodations (i.e. sign language interpreter, large print, etc.) please give as much notice as possible by calling the Recreation Office at 410-887-5307 or the Therapeutic Office at 410-887-5370 (voice) or 410-887-5319 (TT/Deaf).

Summer Camp Registration

Polar Pals: June 26 - July 28, 2017

<input type="checkbox"/> Paid
<input type="checkbox"/> Cash
<input type="checkbox"/> Check # _____
Amount _____
Date Paid _____

Name _____ Phone _____

Address _____ Zip _____

School (Grade) / Occupation _____ Email Address _____

Emergency/ Health Issues: In case of emergency, please notify (if minor/child participant, provide parent's information or guardian, as appropriate.)

Name _____ Relationship: _____ Home Phone: _____ Cell Phone: _____

Name _____ Relationship: _____ Home Phone: _____ Cell Phone: _____

Physician's Name _____ Phone No. _____

Medical Provider _____ Date of last Tetanus Immunization _____

To the Parent / Participant: For your protection or the protection of your child, please read and complete all information.

If the answer to Questions 1 or 2 is "Yes", a medical release form is required.

Any medical, psychological, or behavioral conditions we should be aware of (bee stings, food allergies, etc.)? Yes No _____

1. Are there any medical or health factors or limitations that might affect participant's performance in this activity? Yes No

2. Is participant taking any medications or have a condition that might affect participant's safety or performance in this activity? Yes No

3. Is participant required any special accommodations (due to disability) to participate in this activity? Yes No

If yes, please explain: _____

In case of emergency, I for myself and/or participant (if participant is minor/child), and my personal representatives, heirs and assigns, (severally and collectively "I" for this Registration Form) give permission for an activity representative to call 911 and transport participant to a hospital. I shall inform the Recreation Council, in writing, of any medical or health conditions of participant that occurs or develops and which could affect participant's safety, performance or participation in or throughout the activity.

Signature of participant or, if minor, of parent/guardian: _____ Date: _____

Permission to Participate

I hereby agree to abide by the rules and regulations as established by the local Recreation and Parks Council, I further agree that when I leave this activity or at its completion, I shall return any and all equipment and uniforms issued to me.

Participant's Signature _____ Date: _____

ACKNOWLEDGEMENT, WAIVER AND RELEASE OF LIABILITY:

I HEREBY CONFIRM PARTICIPANT IS IN GOOD HEALTH AND ABLE TO PARTICIPATE IN THE ACTIVITY. I ACKNOWLEDGE THE ACTIVITY MAY INVOLVE RISKS AND DANGER OF BODILY INJURY OR DEATH. I FULLY ACCEPT AND ACKNOWLEDGE THE ACTIVITY MAY INVOLVE RISK AND I HEREBY ASSUME THE RISK AND RESPONSIBILITY FOR ALL DANGERS AND RISKS ASSOCIATED WITH PARTICIPATION IN THE ACTIVITY.

I further understand that concussion information is available at www.cdc.gov/concussion.

I acknowledge Baltimore County, Maryland, the Recreation Council, and their respective employees, directors, officers, volunteers, members and any other participant, entity, party or person involved in any regard with the Activity or the Activity premises, and their respective agents, personal representatives, heirs, employees, contractors, successors and assigns (each an "Activity Representative" and collectively the "Activity Representatives"), SHALL NOT BE RESPONSIBLE OR LIABLE IN ANY REGARD OR MANNER FOR ANY AND ALL PROPERTY DAMAGE OR BODILY INJURY (INCLUDING SERIOUS PHYSICAL INJURY OR EVEN DEATH) INCURRED BY PARTICIPANT OR ANY PARTY RELATED THERETO AS A RESULT OF HIS/HER PARTICIPATION IN THE ACTIVITY.

I have read, fully understand and hereby freely sign, approve of, and agree to the terms of the Registration Form. I HEREBY UNCONDITIONALLY RELEASE, DISCHARGE, COVENANT NOT TO SUE, WAIVE MY RIGHTS AND REMEDIES, AND AGREE TO HOLD HARMLESS THE ACTIVITY REPRESENTATIVES from any and all claims, costs, demands, losses, damages, or expenses associated with, in whole or in part, Participant's involvement with the Activity. I certify all answers and information provided on the Registration Form are to the best of my knowledge true and correct throughout the Activity. I shall inform the Recreation Council, in writing, if any of information provided in this Registration Form is incorrect or changes during the course of the Activity. I understand Baltimore County and/or the Recreation Council do not perform criminal and/or background checks on Activity Representatives. I shall present a government-issued photo identification card including, but not limited to my driver's license, passport or United States Visa to the Activity Representative for review, if requested, at the time I submit this Registration Form to the Recreation Council.

I understand that I will need to park my car in the designated parking lot and walk my camper into the building.

I understand that a letter must be provided to the staff should someone other than the custodial parent be picking up the camper.

Signature of participant (if over18) OR Parent/Guardian (if under 18)

Date

Print Name of Signatory

Relationship to Participant

