

Camp Olympia Application

5511 Muncaster Mill Road, Rockville, MD 20855

Camper's Name _____ Age as of 6/1/12 _____ DOB _____ Sex _____

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School Attended _____

Mother's Name _____ Father's Name _____

E-mail Address _____ E-mail Address _____

Street Address _____

City _____ State _____ Zip Code _____

Mother's Home Phone _____ Father's Home Phone _____

Mother's Work Phone _____ Father's Work Phone _____

Mother's Cell Phone _____ Father's Cell Phone _____

Does your child have any physical, mental, or emotional needs that may interfere with his/ her participation in any camp activities? If so, please describe briefly.

TUITION AND FEES:

My child will attend _____ number of weeks beginning on _____ (Monday).

Please circle weeks of attendance (2 week minimum).

You will be responsible for payment for ALL weeks that you circle.

6/13 (MINI CAMP) 6/18 6/25 7/2 7/9 7/16 7/23 7/30 8/6 8/13 8/20

Registration Fee (\$25 per child) _____

Two Week Tuition (\$310 x 2 wks = \$620) _____

Additional children (\$285 x 2 wks = \$570) _____

MINI CAMP (\$225 per child/ no sibling discount) _____

Extended Care AM & PM (\$60 per week per child x 2 wks = \$120) Yes No _____

AM Care Only (\$35 per week per child x2 wks = \$70) _____

PM Care Only (\$45 per week per child x 2 wks = \$90) _____

Transportation (\$130 per week per child x 2 wks = \$260) Yes No _____

Horsemaster's Clinic (\$95/ week/ child) _____ #Weeks _____

Tennis Clinic (\$35/ week/ child) _____ #Weeks _____

Soccer Clinic (\$35/ week/ child) _____ #Weeks _____

Camp Olympia T-Shirt (\$20) Child S M L _____

Adult S M L XL _____

TOTAL DEPOSIT DUE _____

All applications MUST be accompanied by:

- _____ 1. Completed application with signatures
- _____ 2. Deposit for first two weeks including all fees
- _____ 3. Completed health form/ camper introduction

For Office Use ONLY:

Amount Received _____

Amount Outstanding _____

Check Number _____

Date Received _____

All completed applications will be acknowledged in writing upon processing.

I, _____, the undersigned, individually, or as the parent or legal guardian of _____, (son, daughter, ward), do hereby grant permission for my son, daughter, ward, to participate in activities at Camp Olympia, Inc. (herein after referred to as the Camp), including but not limited to horseback riding, swimming, gymnastics, soccer, and track and field, plus other sports. In consideration of this application for the entry of my son, daughter, ward in the activities at the Camp, I understand that the Camp will take safety precautions to prevent injuries, but cannot assume responsibility incurred in the conduct of camp activities. I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I or my son, daughter, ward may have, or which may subsequently accrue to me or to my son, daughter, ward, against the Camp, its staff, employees, agents and/ or representatives, as a result of my participation or my son's, daughter's, ward's participation in any activities at the Camp.

I understand that serious accidents and injuries may occur during camp activities, including but not limited to horseback riding, being present near or about an area where horses are present, swimming, gymnastics, soccer, and track and field, plus other sports. Knowing the risks of horseback riding, the camp activities listed above, plus other unlisted camp activities, I hereby in advance give my son, daughter, ward permission to assume those risks, hereby assume those risks on behalf of myself and/ or my son, daughter, ward, and release fully and hold harmless all of the persons or entities mentioned above who might otherwise be liable to me for damages. Furthermore for my convenience, my child may borrow a helmet for the purpose of horseback riding from the Camp. I understand that the Camp makes no representations or warranties regarding the extent these helmets will protect against injury as a result of any impact, accident, or fall.

I understand and agree that this waiver, release, and assumption of risk is to be binding on my heirs and assigns and on my son, daughter, ward.

I understand that based on my completed application including fees, the Camp will reserve, if available, the dates of enrollment that I have requested for my child. I agree that I am fully responsible for payment for the weeks that have been reserved by me as circled on this form.

I understand that the dates of enrollment specified cannot be altered unless written request is made and acknowledged. I agree that NO oral modifications to this agreement will be honored.

I understand and agree that enrollment is for the entire period specified and that there will be NO refunds, credits, or remission of fees for any reason. Furthermore, **I will NOT request a refund for any reason.**

I understand the payment policy and will pay my child's camp fees one week in advance in accordance with this policy.

I hereby give my consent to the Camp and any agent acting on its behalf, to secure and provide medical attention that might be necessary and urgent during a time when I cannot be reached by telephone. I further agree to accept responsibility for any expenses incurred on behalf of my children/ ward.

I understand that the Camp and its' staff may exclude any child from participating in any activity based on safety or behavioral reasons. I further understand that a child may be dismissed from the Camp, with explanation, without a refund.

Lastly, I give permission to the Camp to use photographs and videos of my child for promotional purposes. In addition I agree to allow Camp Olympia to use my email address if provided for communications/ marketing purposes.

I have carefully read the above conditions of this agreement and in full understanding of them as stated. No changes will be accepted!

Mother's Signature: _____
Father's Signature: _____
Date: _____

HOW DID YOU HEAR ABOUT CAMP OLYMPIA?

Advertisement

Camp Fair

Friend

Internet

Other

Camp Olympia Health Form

General Information:

Camper's Name: _____ DOB: _____

Address: _____ City: _____ State: _____

Physician's Name, Address, and Phone: _____

Dentist's Name, Address, and Phone: _____

Emergency Information:

(1) Emergency Contact and Telephone Numbers

Mother's Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Father's Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone Numbers: _____

(2) Permission for Medical Treatment:

In case of emergency, when medical personnel are unable to reach parent or guardian or the child's designated physician, by signing below, we (parent/ guardian) authorize Camp Olympia to consent on our behalf, to emergency treatment for our child.

Parent/ Guardian Signature _____ Date: _____

(3) If you carry medical insurance, please complete the following information:

Name of insurance carrier: _____ Phone: _____

Group Number: _____ Policy Number: _____

Address: _____ City: _____ State: _____ Zip: _____

State law requires camp operators to maintain the following data in their files:

(1) What was the date of your child's last tetanus shot? _____

**This question MUST be answered for your child to attend camp.

(2) Is your child currently enrolled in a Maryland public or private school? Yes No

** If no, you MUST provide a copy of your child's immunization record.

(3) Do you have an exemption of immunization due to religious or medical reasons? Yes No

**A medical exemption requires written documentation from your physician.

**By signing below, I acknowledge that because of my bona fide religious beliefs and practices, I object to any immunization being given to my child.

Parent/ Guardian Signature _____ Date: _____

Printed Name: _____

Authorization to Administer Prescription and Non-Prescription Medication

I hereby request and authorize Camp Olympia personnel to administer medication as directed on the medication or by written orders from the physician to the above listed child.

Prescription Name: _____ Over the counter medication: _____

List camp hours medication needs to be administered: _____

Parent/ Guardian Signature _____ Date: _____

Printed Name: _____

Camper Introduction

In order for us to get to know your child better, please assist us by completing the following questionnaire. Since many children are only here for two weeks, this information allows us to get better acquainted quickly. All information is confidential and will only be shared with the staff members who will work with your child. **If you have more than one child, you will need to copy this form as we need one form per child.**

Camper Name _____ Age _____ Grade Entering _____

Height _____ Weight _____

Has your child ever been to camp before? _____ Where? _____
If yes, please describe experiences (positive and negative)

If no, is your child apprehensive about attending camp?

Does your child make friends easily?

Please rate your child's skills:

	No Experience	Beginner	Intermediate	Advanced	Team Member
Swimming					

Riding

Gymnastics

Sports

Please describe your child's personality.

Does your child generally follow directions and instructions?

Is your child able to change his/ her own clothes and pick up after themselves?

Please describe your child's physical condition, including any limitations that may affect his/ her ability to participate in camp activities.

Please describe your child's emotional state. Is your child receiving medication to control behavior? Has there been counseling or therapy?

Has your child been hospitalized for an illness or injury? Please describe.

Thank you for your honesty. It helps us to better work with your child.

Signature _____ Date _____