

Camp Olympia Application

5511 Muncaster Mill Road -- Rockville, MD -- 20855

Camper's Name _____ Age as of 7/1/18 _____ DOB _____ Sex _____

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Camper's Name _____ Age as of 7/1/18 _____ DOB _____ Sex _____
 School attended _____

Parent's Name _____ Parent's Name _____

E-mail Address _____ E-mail Address _____

Street Address _____

City _____ State _____ Zip Code _____

Parent's Home Phone _____ Parent's Home Phone _____

Parent's Work Phone _____ Parent's Work Phone _____

Parents's Cell Phone _____ Parent'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 _____ weeks beginning on _____ (Monday). Please circle weeks of attendance.

You will be responsible for payment for all weeks that you circle. (2 week minimum).

6/18 6/25 7/2 7/9 7/16 7/23 7/30 8/6 8/13 8/20 8/27

Registration Fee	(\$25 per child)	_____
Two Week Tuition	(\$395 x 2 weeks = \$790)	_____
Sibling discount	(\$365 x 2 weeks = \$730)	_____

Extended Care AM & PM (\$60 per week per child x 2 weeks = \$120)	_____
AM Care Only (\$35 per week per child x 2 weeks = \$70)	_____
PM Care Only (\$45 per week per child x 2 weeks = \$90)	_____

Transportation (\$165 per week per child x 2 weeks = \$330) YES NO _____

Horsemaster's Clinic (\$95 per week per child)	#weeks	_____
Tennis Clinic (\$35 per week per child)	#weeks	_____
Soccer Clinic (\$35 per week per child)	#weeks	_____
Camp Olympia T-shirt (\$20) (Optional)		_____

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 _____

Check Number _____

Amount Outstanding _____

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 modification to this agreement will be honored.

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 son, daughter, 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.

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 communication/marketing purposes. Lastly, my signature hereby authorizes the Camp and its staff to administer sunscreen provided by me to my child/children.

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

Mother's Signature _____

Fathers's Signature _____

Date _____

HOW DID YOU HEAR ABOUT CAMP OLYMPIA?

Advertisement (which one)

Camp Fair

Internet

Friend

Other

CAMPER HEALTH HISTORY

Child's Name: _____

The following information is required:

1st Emergency Contact
(Parent or Legal Guardian): _____ Phone: _____

2nd Emergency Contact
(Other than Parent Above): _____ Phone: _____

Child's Physician: _____ Phone: _____

HEALTH INFORMATION:

1. Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? NO

YES, Explain: _____

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? NO

YES, Explain: _____

IMMUNIZATION INFORMATION:

For campers who reside **within** the United States, a United States territory, or the District of Columbia:



For campers who reside **outside** the United States, a United States territory, or the District of Columbia:

1. State/territory in which child resides:

2. Is this child exempt from any immunizations? NO

YES, List them: _____

1. Country in which child resides:

2. Attach Department form DHMH-896 (record of vaccination or immunity)

Parent or Legal Guardian's Signature: _____ Date: _____

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 at camp 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, please fill out one form per child.**

Camper Name _____ Age _____ Entering Grade _____

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

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?

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

Please describe your child's emotional stat. 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 _____