



PARTICIPANT INFORMATION PROGRAM: _____ 2025

You must fill out both sides of this form and bring it with you the first day of the activity

General Information: Please Print

Participant Name: _____ Date of Birth: _____

Parent/Guardian Name(s): _____

Home Address: _____ City: _____ Zip: _____

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

Email: _____ Grade entering in fall _____

Individuals to be contacted in case of emergency:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Person (other than parent) authorized to drop off/ pick up participant:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Are there any custody issues we should be aware of? NO Yes (if yes, attach a copy of court order)

Health issues/Medications:

Does your child have any conditions we should be aware of including medical, psychological or behavioral conditions, dietary restrictions, asthma, allergies, or special needs?
 NO Yes (if yes, please specify) _____

What Symptoms would your child exhibit? _____

Requested actions to be taken by staff: _____

Is the participant taking any medications? YES NO

Will the participant need to take medications during program hours? YES NO

(If yes, attach Self-Medication Authorization Form, download or contact Administrative Offices at 410-386-2103, or email ccrec@carrollcountymd.gov)

Sunscreen is considered a topical medication.

Parents wishing their child to apply sunscreen at camp, complete information below:

Brand of Sunscreen: _____

Directions for application: _____

Does your Child attend a Maryland Public or Private School? **YES**, School Name _____

If NO, please attach a copy of their immunization record.

(form available by calling Recreation and Parks, 410-386-2103 or email ccrec@ccg.carr.org)

Is your child exempt from any immunization for medical or religious reason? Yes No

If Yes, provide a signed copy of the Maryland Department of Health & Mental Hygiene Immunization Certificate form a licensed physician stating that the immunization is medically contraindicated or the parent/guardian indicating that they object to immunization for religious reasons.

Child's immunizations are up to date. YES NO

Date of last tetanus (or DTP) Shot (MUST be provided for the child to attend the program): _____

Child's Primary Provider of Medical Care: _____ Phone: _____

Child's Provider of Dental Care: _____ Phone: _____

WALKERS AND/OR BICYCLE RIDERS PLEASE COMPLETE

Maryland State Law Does Not permit children under the age of 8 to be unattended. Therefore, permission may only be given by the parent for any child 8 years old or older to walk home from camp or the bus stop.

My child _____ has permission to walk/ride bike to/from camp. I understand that Camp Staff is not responsible for my child prior to signing in or after signing out of Camp.

Parent Signature _____ Date: _____

I understand:

1. By registering for the program, I verify that my child's immunizations are up to date.
2. That there are inherent dangers in any recreational activity, program, or camp.
3. That I must be aware of the hazards associated with each activity, such as the use of equipment, slips and falls, personal level of fitness, training, and various athletic injuries.
4. I must read and understand all written material, which has been provided by Carroll County Recreation and Parks.
5. The rules and regulations for each activity, as explained in any written materials and/or explained by staff.
6. That the possible consequences of participating in these activities include the possibility of serious injury.

WAIVER OF LIABILITY

I recognize and acknowledge that there are certain risks of physical injury as my child _____ (Name of participant) participates in this program _____ (Name of Program or activity), and I agree to assume the full risk of any injuries, including loss of life, personal injuries, property damages, and expenses, which my child may sustain as a result of participating in any and all activities connected with or associated with the program. I further agree to waive and relinquish all claims to fully release discharge, indemnify, hold harmless and defend The Carroll County Government, Carroll County Commissioners, Carroll County Recreation and Parks and its employees, volunteers, agents and servants (**herein, collectively referred to as Recreation & Parks**); from any and all claims resulting from injuries, including loss of life, personal injuries, property damages, and expenses, sustained by me or my child(ren) and arising out of, connected with, or in any way associated with the activities of the program. The participant assumes all risks associated with participation in the program; Recreation and Parks assumes no liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, the participant, or if the participant is a child, the child(ren)'s parent or guardian is encouraged to consult his or her physician concerning the participant's fitness to participate in the program.

TRANSPORTATION

I consent to allow Recreation and Parks to transport my child(ren) to participate in all trips associated with this program AND to and from the bus or shuttle stop if required. I recognize that by participating in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses. As a condition for the transportation received, I, for myself, my child(ren), further agree to release and forever discharge Recreation and Parks from any claim that I might have myself or that I could bring on my child(ren)'s behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation.

PARENT PERMISSION

I (we), parent(s) of [or legal guardian(s) for the above participant, hereby consent to her/him participating in this Carroll County Recreation and Parks program. I authorize Recreation and Parks to transport the above named participant to the **Nearest Hospital Emergency Room or Urgent Care** in case of injury or suspected injury while the participant is involved in a County program or activity. On behalf of the participant listed above, I accept the waiver of liability and medical release provisions of this registration form. I have read all of the above understand all of their terms.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____