** Camp Accokeek Enrollment Form for 2021 **

Camper Information:

### 1st camper’s name:

### grade entering 2021  gender  date of birth       age on June 1

###  I would to enroll this camper in the following weeks:

 [ ]  week 1: June 21-June 25

 [ ]  week 2: June 28-July 2 (camp is closed on July 5)

 [ ]  week 3: July 6-9 (camp is closed on July 5)

 [ ]  week 4: July 12-16

 [ ]  week 4: July 19-23

 [ ]  week 5: July 26-30

 [ ]  week 6: August 2-6

 [ ]  week 7: August 9-13

 [ ]  week 8: August 16-20

### 2nd camper’s name:

### grade entering 2019 gender date of birth       age on June 1

###  I would to enroll this camper in the following weeks:

 [ ]  week 1: June 21-June 25

 [ ]  week 2: June 28-July 2 (camp is closed on July 5)

 [ ]  week 3: July 6-9 (camp is closed on July 5)

 [ ]  week 4: July 12-16

 [ ]  week 4: July 19-23

 [ ]  week 5: July 26-30

 [ ]  week 6: August 2-6

 [ ]  week 7: August 9-13

 [ ]  week 8: August 16-20

Camp Accokeek only accepts forty campers per week, and it can fill up quickly. So be sure to register your child/children for all weeks desired as early as possible.

Use an extra form for more campers and please let the director know of any changes to your schedule as the summer progresses.

Parent or Guardian Information:

1. name:

 address:

 e-mail:

 work phone:       cell phone:       home phone:

2. name:

 address:

 e-mail:

 work phone:       cell phone:       home phone:

Emergency Contact:

 name:

 phone numbers:

 relationship to the camper:

Sunscreen Authorization:

I give permission to Camp Accokeek staff to assist my child(ren) in the application of sunscreen.

 [ ]  YES

 [ ]  NO

1st camper name:

 sunscreen brand:

 any known allergies to sunscreen?

 (Say yes or no. If yes, please explain)

2nd camper name:

 sunscreen brand:

 any known allergies to sunscreen?

 (Say yes or no. If yes, please explain)

3rd camper name:

 sunscreen brand:

 any known allergies to sunscreen?

 (Say yes or no. If yes, please explain)

**Camp Accokeek Permissions and Waivers**

Please fill out the next pages of this form electronically. After filling them out, you may print them and sign in the proper places. Alternately, if you know how to, add your signature electronically. In either case, make sure our camp director receives your filled-out forms.

**Swim Test Authorization**

as required by MD DHMH COMAR 10.16.07.14

please fill out one of these forms for each camper.

camper name:

swimming experience

  This camper has permission to participate in swimming activities in the pool. Areas will be assigned based on his/her swimming ability.

 This camper has permission to take the swim test administered by a certified life guard at the Moyaone Pool.

If this camper passes the proper swim test:

 [ ]  I give permission for my child to swim in the **deep** **end** of the pool.

 [ ]  I give permission for my child to swim in the **diving** **well** of the pool.

I understand that my child will be supervised while in the pool and around the pool grounds. I acknowledge that if my child does not pass the swim test, he/she will be assigned to the shallow end of the pool.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent or Guardian signature Date**

I hereby grant permission for each camper I sign up to ride in the commuter vans to all field trips, parks and pool, and to take part in all camp activities and camp sponsored field trips away from the camp premises. I understand that all campers participate at their own risk, and I do not hold Camp Accokeek, Christ Church Accokeek or anyone employed by the camp responsible for accidents. I absolve Camp Accokeek, Christ Church and their employees from responsibility for accidents.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent or Guardian signature** **Date**

**Youth Camp Health History**

This form is required by MDH-4768 (06/2020).

Please fill out one of these forms page for each camper.

camper’s name:

camper’s current residence:

1st emergency contact (must be parent or guardian)

 name:

 phone:

2nd emergency contact (other than parent or guardian)

 name:

 phone:

Primary Care Physician or other medical provider

 name:

 phone:

Are there any health-related problems of which we need to be aware? This includes physical, psychiatric or behavioral issues.

 [ ]  NO

 [ ]  YES, and here is the explanation:

Are there any medications, dietary restrictions, allergies or other special needs of which we need to be aware to ensure that your child’s camp experience is positive?

 [ ]  NO

 [ ]  YES, and here is the explanation:

Immunization Information:

For campers who currently reside **within** the United States, a United States territory or the District of Columbia: Does the camper have any immunization exemptions because of a parental or guardian objection or because of medical contraindication?

 [ ]  NO

 [ ]  YES, and here is the explanation:

For campers who reside **outside** the United States, a United States territory or the District of Columbia, please attach a record of vaccination or immunity using Maryland Health Department form [MDH-896](https://phpa.health.maryland.gov/oideor/immun/shared%20documents/mdh_896_form.pdf).

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**Parent or Guardian signature Date**