



Stephanie Rawlings-Blake
Mayor

2016 CAMP BALTIMORE PROGRAM REGISTRATION FORM



BALTIMORE CITY
RECREATION & PARKS
Ernest W. Burkeen Jr.
Director

MAIN CONTACT (PARENT/GUARDIAN OF MINOR)

LAST NAME _____ FIRST NAME _____
BIRTH DATE (MM/DD/YYYY) _____ GENDER _____ EMAIL _____
ADDRESS _____ CITY/COUNTY _____ STATE _____ ZIP _____
HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

PAYER INFORMATION (IF OTHER THAN MAIN CONTACT)

LAST NAME _____ FIRST NAME _____
HOME PHONE _____ EMAIL _____
ADDRESS _____ CITY/COUNTY _____ STATE _____ ZIP _____

Check If New
Address, Phone
and/or Email

PARTICIPANT INFORMATION

LAST, FIRST NAME	BIRTH DATE	GENDER	GRADE	PROGRAM/ACTIVITY	LOCATION	FEE
	MM/DD/YYYY	M / F				
	MM/DD/YYYY	M / F				
	MM/DD/YYYY	M / F				

NON-CITY RESIDENTS PAY ADDITIONAL \$ _____ PER PARTICIPANT PER PROGRAM/ACTIVITY \$ _____

TOTAL PROGRAM/ACTIVITY FEES \$ _____

MAKE MONEY ORDER/CASHIER'S CHECK PAYABLE TO: DIRECTOR OF FINANCE |

VISA MASTER CARD AMERICAN EXPRESS | CARD # _____ EXP. DATE _____

CARD HOLDER NAME _____ SIGNATURE _____ DATE _____

IMMUNIZED (IF MINOR) Y N PHYSICAL EXAM DATE _____ TETANUS SHOT DATE _____

ALLERGIES AND OTHER CONDITIONS REQUIRING SPECIAL ATTENTION /MEDICATION _____

THE FOLLOWING PERSON(S) MAY PICK MINOR CHILD UP.

NAME: _____ RELATIONSHIP TO MINOR _____

MY CHILD HAS PERMISSION TO LEAVE ON HIS/HER OWN UPON DISMISSAL: Y/N

EMERGENCY CONTACT & PHONE #: _____

INFORMATION FOR PARENTS OF PARTICIPANTS:

REGISTRATION FEES:

THERE ARE NO REGISTRATION AND/ENROLLMENT FEES FOR BALTIMORE CITY RESIDENTS FOR CAMP BALTIMORE FOR ENRICHMENT SUMMER CAMPS. FIELD TRIPS AND TRANSPORTATION ARE \$150.00 FOR THE CITY-RESIDENTS (\$50.00 NON-REFUNDABLE FEE). PROOF OF RESIDENCY IS DUE AT TIME OF ENROLLMENT. ACCEPTABLE PROOF MAY BE UTILITY BILL, BANK STATEMENT, DRIVER'S LICENSE, INCOME TAX RETURN, DEED OR RENTAL AGREEMENT, PROOF OF UNEMPLOYMENT BENEFITS, SOCIAL SECURITY INCOME, ETC., PROOF OF GUARDIANSHIP OR BIRTH CERTIFICATE. NON-RESIDENT FEE IS \$450.00, WHICH INCLUDES COST OF TRIPS. ALL SPECIALTY CAMPS ARE FEE BASED PER SITE. TRIPS AND TRANSPORTATION FOR ALL CAMPS ARE PER PERSON FOR ADMISSION AND TRAVEL. ALL FEES ARE DUE BY JULY 1ST, 2016.

THERE IS A \$5.00 INITIAL LATE FEE STARTING AT 5:45 P.M. FOR THE FIRST 15 MINUTES AND \$5.00 PER FIFTEEN MINUTES THEREAFTER. ALL LATE FEES MUST BE PAID PRIOR TO RETURNING TO CAMP.

Revised/te012116

TRIPS:

PLEASE NOTE: THERE WILL BE NO STAFF ON SITE FOR TRIP DAYS; THUS, PARENTS WHO OPT OUT OF TRIPS MUST MAKE OTHER ARRANGEMENTS FOR PARTICIPANTS ON TRIP DAYS (INCLUDING LEARN TO SWIM, FUN TRIPS, AND ANY TRIP THAT REQUIRES TRANSPORTATION).

RELEASE AND AUTHORIZATION

I, _____ (NAME OF PARENT/LEGAL GUARDIAN OF MINOR PARTICIPANT), DO HEREBY INDEMNIFY, SAVE, DEFEND, HOLD HARMLESS, RELEASE, AND FOREVER DISCHARGE THE MAYOR AND CITY COUNCIL OF BALTIMORE (THE "CITY"), ITS ELECTED/APPOINTED OFFICIALS, ITS MUNICIPAL AGENCIES AND DEPARTMENTS, AGENTS, EMPLOYEES, INSTRUCTORS, AND VOLUNTEERS, FROM ANY AND ALL, PRESENT AND FUTURE LIABILITY, DEMANDS, SUITS, ACTIONS, OR CLAIMS FOR LOSSES, DAMAGES, AND/OR PERSONAL INJURIES, INCLUDING DEATH, SUSTAINED BY _____ (NAME OF MINOR PARTICIPANT) (THE "PARTICIPANT") ARISING FROM THE PARTICIPANT'S PARTICIPATION IN THE 2016 CAMP BALTIMORE AND ANY RELATED CITY PROGRAMS, ACTIVITIES, TRIPS, AND EXCURSIONS (THE "CAMP"), REGARDLESS OF WHETHER SUCH CLAIMS, LOSSES, DAMAGES, OR INJURIES RESULT, IN WHOLE OR IN PART, FROM THE NEGLIGENCE OF THE CITY, ITS ELECTED/APPOINTED OFFICIALS, ITS MUNICIPAL AGENCIES AND DEPARTMENTS, AGENTS, EMPLOYEES, INSTRUCTORS, AND VOLUNTEERS. THIS PROVISION SHALL SURVIVE TERMINATION OF THIS RELEASE AND AUTHORIZATION.

I (PARENT/LEGAL GUARDIAN OF THE PARTICIPANT) ACCEPT AND ASSUME FULL RESPONSIBILITY FOR ANY AND ALL INJURIES, DAMAGES (BOTH ECONOMIC AND NON-ECONOMIC), AND LOSSES OF ANY TYPE, WHICH MAY OCCUR TO THE PARTICIPANT, AND I HEREBY FULLY AND FOREVER RELEASE AND DISCHARGE THE CITY, ITS ELECTED/APPOINTED OFFICIALS, ITS MUNICIPAL AGENCIES AND DEPARTMENTS, AGENTS, EMPLOYEES, INSTRUCTORS, AND VOLUNTEERS, FROM ANY AND ALL CLAIMS, DEMANDS, DAMAGES, RIGHTS OF ACTION, OR CAUSES OF ACTION, PRESENT OR FUTURE, WHETHER THE SAME BE KNOWN OR UNKNOWN, ANTICIPATED, OR UNANTICIPATED, RESULTING FROM OR ARISING OUT THE PARTICIPANT'S PARTICIPATION IN THE CAMP.

THE PARTICIPANT AGREES TO COMPLY WITH ALL RULES IMPOSED BY THE CITY REGARDING PARTICIPATION IN THE CAMP. THE PARTICIPANT AGREES TO CONDUCT HIMSELF OR HERSELF IN A CONTROLLED AND REASONABLE MANNER AT ALL TIMES, AND TO REFRAIN FROM USING ANY EQUIPMENT, GEAR, PLAYGROUND, OR OTHER STRUCTURE IN A MANNER INCONSISTENT WITH ITS INTENDED DESIGN AND PURPOSE.

I (PARENT/LEGAL GUARDIAN OF THE PARTICIPANT) UNDERSTAND THAT THERE ARE POTENTIAL DANGERS, HAZARDS, AND RISKS OF SERIOUS INJURY, INCLUDING PERMANENT DISABILITY AND DEATH, ASSOCIATED WITH PARTICIPATING IN THE CAMP, AND WITH SUFFICIENT KNOWLEDGE OF THE PARTICIPANT'S PHYSICAL CONDITION AND LIMITATIONS, IF ANY, I VOLUNTARILY ASSUME ALL RESPONSIBILITY AND RISK OF LOSS, DAMAGE, ILLNESS AND/OR INJURY TO PERSON OR PROPERTY IN ANY WAY ASSOCIATED WITH THE PARTICIPANT'S PARTICIPATION IN THE CAMP.

I (PARENT/LEGAL GUARDIAN OF THE PARTICIPANT) UNDERSTAND AND AGREE THAT THE CITY IS NOT RESPONSIBLE FOR PROPERTY THAT IS LOST, STOLEN, OR DAMAGED WHILE ATTENDING THE CAMP.

I (PARENT/LEGAL GUARDIAN OF THE PARTICIPANT) HEREBY AUTHORIZE CITY PERSONNEL TO TAKE THE PARTICIPANT TO AN EMERGENCY ROOM OF A HOSPITAL SHOULD, FOR ANY REASON, WHILE THE PARTICIPANT IS PARTICIPATING IN THE CAMP, THE PARTICIPANT REQUIRES ANY NECESSARY X-RAY EXAMINATION, ANESTHETIC, MEDICAL OR SURGICAL DIAGNOSIS OR TREATMENT OR HOSPITAL CARE. I FURTHER AUTHORIZE THE HOSPITAL AND ITS MEDICAL STAFF TO ADMINISTER TREATMENT AS DEEMED NECESSARY BY THEM FOR THE PARTICIPANT'S WELL-BEING AND TO REQUEST AND RECEIVE ANY NECESSARY INFORMATION THAT MAY BE PROTECTED HEALTH INFORMATION UNDER THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA).

I (PARENT/LEGAL GUARDIAN OF THE PARTICIPANT) HEREBY AGREE THAT I AM SOLELY LIABLE FOR ALL COSTS OF ANY NECESSARY MEDICAL CARE AND TREATMENT PROVIDED TO THE PARTICIPANT. I HEREBY AFFIRM THAT THE PARTICIPANT HAS CURRENT MEDICAL INSURANCE COVERAGE. I UNDERSTAND THAT THE CITY DOES NOT PROVIDE HEALTH INSURANCE TO PARTICIPANTS.

I (PARENT/LEGAL GUARDIAN OF THE PARTICIPANT) DO HEREBY VOLUNTARILY AND WITHOUT COMPENSATION AUTHORIZE PHOTOGRAPH(S) AND VIDEO RECORDING(S) TO BE TAKEN OF THE PARTICIPANT BY AN AGENT OF THE CITY WHILE THE PARTICIPANT PARTICIPATES IN THE CAMP. I GIVE THE CITY THE RIGHT TO OWN SUCH PHOTOGRAPH(S) AND VIDEO RECORDING(S) AND USE SUCH PHOTOGRAPH(S) AND VIDEO RECORDING(S) FOR ANY AND ALL PURPOSES WITHOUT FURTHER APPROVAL FROM ME. I RELEASE ALL RIGHTS TO SUCH PHOTOGRAPH(S) AND VIDEO RECORDING(S).

I (PARENT/LEGAL GUARDIAN OF THE PARTICIPANT) ESPECIALLY INTEND TO AND SO INCLUDE IN THIS RELEASE AND AUTHORIZATION AND ALL RESPECTS AND IN EVERY MANNER AS SET FORTH ABOVE, ALL OTHER PERSONS LIVING IN MY HOUSEHOLD, INCLUDING MYSELF, WHO MIGHT FROM TIME TO TIME ACCOMPANY THE PARTICIPANT TO THE CAMP, WHETHER THEY ARE RELATED TO THE PARTICIPANT OR NOT.

THIS RELEASE AND AUTHORIZATION SHALL REMAIN VALID AND IN FULL FORCE AND EFFECT FOR ONE (1) YEAR FROM THE DATE IT IS SIGNED BELOW, UNLESS EARLIER REVOKED BY ME IN WRITING.

EACH PROVISION OF THIS RELEASE AND AUTHORIZATION SHALL BE DEEMED TO BE A SEPARATE, SEVERABLE, AND INDEPENDENTLY ENFORCEABLE PROVISION. THE INVALIDITY OR BREACH OF ANY PROVISION SHALL NOT CAUSE THE INVALIDITY OR BREACH OF THE REMAINING PROVISIONS OR OF THE RELEASE AND AUTHORIZATION, WHICH SHALL REMAIN IN FULL FORCE AND EFFECT.

THIS RELEASE AND AUTHORIZATION SHALL BE CONSTRUED ACCORDING TO MARYLAND LAW AND SUBJECT TO THE JURISDICTION OF ITS COURTS. FURTHERMORE, THE PARTIES AGREE THAT ANY SUITS OR ACTIONS BROUGHT BY EITHER PARTY AGAINST THE OTHER SHALL BE FILED IN A COURT OF COMPETENT JURISDICTION IN BALTIMORE CITY.

I (PARENT/LEGAL GUARDIAN OF THE PARTICIPANT) ACKNOWLEDGE THAT I HAVE READ THE FOREGOING RELEASE AND AUTHORIZATION, THAT I UNDERSTAND ITS CONTENTS AND THAT I HAVE SIGNED VOLUNTARILY. I UNDERSTAND THAT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I, MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE CITY, ITS ELECTED/APPOINTED OFFICIALS, ITS MUNICIPAL AGENCIES AND DEPARTMENTS, AGENTS, EMPLOYEES, INSTRUCTORS AND VOLUNTEERS.

SIGNATURE OF PARENT / LEGAL GUARDIAN OF THE PARTICIPANT

DATE