



Camper Registration Check List

ALL items below must be included before submitting forms to the Cal Ripken, Sr. Foundation

_____ **Page 2- Camper Registration Information**

- ✓ Please complete all camper registration information

_____ **Page 3- Insurance Information**

- ✓ **ATTACH** scanned copy of Insurance Information.

_____ **Page 4- Health/Medical Review & Immunization Information**

- ✓ Please list Emergency Contacts
- ✓ Please review ALL information and include any or all allergies that camper may have.
- ✓ Immunization exemptions
- ✓ Signature of Immunizations Required

_____ **Page 5- Medication Form**

- ✓ Initial if child is **NOT** bringing medicine

_____ **Page 6- Medication Administration Authorization Form**

- ✓ Provide necessary medication information including
 - Name and prescriber signature/stamp
- ✓ Signature AND Official Stamp is Mandatory.

_____ **Page 7- CRSF Player/Parent Release Form**

- ✓ Signature Required

_____ **Page 8- Sandy Hill Overnight Facility Form**

- ✓ Signature Required

* Failure to complete these items in its entirety will result in youth not participating in camp.

2018 SUMMER CAMP REGISTRATION PACKET
CAMPER REGISTRATION INFORMATION

ORGANIZATION NAME: _____

CAMPER NAME: _____

Date of Birth (MM/DD/YY): _____ **AGE:** _____ **GENDER:** M or F

Parent(s)/Guardian Name: _____

Please include Area Codes for all phone numbers

Home # _____ **Work #** _____ **Cell #** _____

Parent(s) Email: _____

Does your child have any allergies or medical conditions CRSF needs to be aware of? **Please detail on page 4.**

Yes _____ No _____

Does your child have a family member that is currently serving in the military? Please detail below.

Yes _____ No _____

Detail _____

AUTHORIZATIONS

1. DO YOU GIVE PERMISSION FOR YOUR CHILD TO RECEIVE MEDICAL, DENTAL, OR PSYCHOLOGICAL SERVICES INCLUDING THOSE OF A SPECIALIST OR OVER-THE-COUNTER MEDICATION AS NEEDED UNDER THE SUPERVISION OF MEDICAL STAFF THAT MAY ARISE WHILE AT CAMP?

YES _____ NO _____

2. IN THE EVENT OF AN EMERGENCY AND YOU CANNOT BE CONTACTED, DO YOU GIVE PERMISSION FOR YOUR CHILD TO RECEIVE EMERGENCY MEDICAL TREATMENT AND/OR SURGICAL PROCEDURES THAT MAY OR MAY NOT REQUIRE THE USE OF AN ANESTHETIC?

YES _____ NO _____

CAMPER NAME: _____

INSURANCE INFORMATION

Policy Holder: _____ Phone (____) _____

Address: _____

Insurance Company: _____ Phone (____) _____

Address: _____

ID#: _____ Group#: _____

Policy Holder's Employer: _____ Phone (____) _____

***PLEASE INCLUDE COPY OF YOUR INSURANCE CARD
(FRONT AND BACK BELOW)***

FRONT OF CARD

BACK OF CARD

NOTE: If insurance Card Copy is not scanned within this BOX or attached to this application, the youth will NOT be able to attend Camp. Please call if there is any issue regarding this matter.

CAMPER NAME: _____

CAMPER HEALTH / MEDICAL REVIEW & IMMUNIZATION INFORMATION

YOUTH CAMP HEALTH HISTORY
CAMPER

Child's Name: _____

Current residence: _____

EMERGENCY CONTACT INFORMATION:

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

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

Primary Care Physician or
other provider of medical care: _____ Phone: _____

HEALTH INFORMATION:

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

☐ YES, Explain: _____

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:
Must list current residence above.

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 medical contraindication? ☐ NO

☐ YES, List: _____

For campers who reside **outside** the United States, a United States territory, or the District of Columbia: Attach record of vaccination or immunity on Department form MDH-896.

Parent or Legal Guardian's Signature

Date

MDH-4768 (12/2017)

CAMPER NAME: _____

MEDICATION FORM
PRESCRIPTION AND OVER-THE-COUNTER MEDICATION

Please read the following guidelines carefully:

1. All medications (**both prescription and over-the-counter**) must be in the original container and properly labeled with camper's name, drug, dosage, and instructions.
2. **All medications (both prescription and over-the-counter) must be listed on this form and be signed by your physician.**
Please note: this includes aspirin and similar over-the-counter medication.
3. Medications cannot be expired or more than 1 year past original prescription date.
4. All medications (**both prescription and over-the counter**) must be brought to the Camp Nurse (or authorized designee) during check-in. Campers are not permitted to possess over-the-counter medications.
5. No camper will be permitted to keep controlled substances in their dorm room under any circumstances.

**NOTE: IF CHILD IS NOT BRINGING MEDICATION, SIGN BELOW AND CONTINUE
TO PAGE 7**

My child is not bringing medication to camp.

Initial/sign here: _____

**IF YOUR CHILD IS BRINGING MEDICATION – PLEASE FILL OUT
PAGE 6**

MEDICATION ADMINISTRATION AUTHORIZATION FORM

MEDICATION ADMINISTRATION AUTHORIZATION FORM

for Youth Camps in Maryland

Maryland Department of Health (MDH)
Center for Healthy Homes and Community Services (CHHCS)
(410) 767-8417 Toll Free 1-877-4MD-MDH ext. 8417

This form must be completed fully in order for youth camp operators and staff members to administer the required medication or for the camper to self-administer medication. A new medication administration form must be completed at the beginning of each camp season, for each medication, and each time there is a change in dosage or time of administration of a medication.

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Nonprescription medication must be in the original container with the instructions for use. Nonprescription medication includes vitamins, homeopathic, and herbal medicines.
- An authorized individual must bring the medication to the camp and give the medication to an adult staff member.

I. PRESCRIBER'S AUTHORIZATION

1. CHILD'S NAME		2. DATE OF BIRTH <div style="text-align: center;">____/____/____ Month Day Year</div>	
3. CONDITION FOR WHICH MEDICATION IS BEING ADMINISTERED:		4. EMERGENCY MEDICATION [] YES -If yes, see Section III below. [] NO	
5. MEDICATION NAME	6. DOSE	7. ROUTE	
8. TIME/FREQUENCY OF ADMINISTRATION		9. IF PRN, FREQUENCY	
10. IF PRN, FOR WHAT SYMPTOMS			
11. KNOWN SIDE EFFECTS SPECIFIC TO CHILD			
12. MEDICATION SHALL BE ADMINISTERED during the year in which this form is dated in 14b below unless more restrictive dates are specified in 12a and 12b. This authorization is NOT TO EXCEED 1 YEAR .		12a. FROM <div style="text-align: center;">____/____/____ Month Day Year</div>	12b. TO <div style="text-align: center;">____/____/____ Month Day Year</div>
13. PRESCRIBER'S NAME/TITLE		This space may be used for the Prescriber's Address Stamp	
TELEPHONE	FAX		
ADDRESS			
CITY	STATE ZIPCODE		
14a. PRESCRIBER'S SIGNATURE (Parent/guardian cannot sign here) <small>(ORIGINAL SIGNATURE OR SIGNATURE STAMP ONLY)</small>			14b. DATE

II. PARENT/GUARDIAN AUTHORIZATION

I request the authorized youth camp operator, staff member or volunteer to administer the medication or supervise the camper in self-administration as prescribed by the above authorized prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period, an authorized individual, as listed in 15c below, which may include the child, must pick up the medication, otherwise it will be discarded. I authorize camp personnel and the authorized prescriber indicated on this form to communicate in compliance with HIPAA.

15a. PARENT/GUARDIAN SIGNATURE	15b. DATE	15c. INDIVIDUAL(S) AUTHORIZED TO PICK UP MEDICATION
15d. HOME PHONE #	15e. CELL PHONE #	15f. WORK PHONE #

III. AUTHORIZATION FOR SELF-ADMINISTRATION / SELF-CARRY (OPTIONAL)

This section should only be completed if this medication is approved for self-administration. Self-carry is only permitted for emergency medications such as inhalers and epinephrine. Both the prescriber and the parent/guardian must consent to self-administration below. However, youth camp operators are not required to permit self-administration or self-carry.

I authorize self-administration of the above listed medication for the child named above under the supervision of the youth camp operator, a designated staff member or volunteer. If indicated below, the child named above may self-carry emergency medication.

16a. PRESCRIBER'S SIGNATURE <small>authorizing self-administration</small>	16b. SELF-CARRY EMERGENCY MEDICATION (Check One) [] YES [] NO [] N/A - Not emergency medication	16c. DATE
17a. PARENT/GUARDIAN'S SIGNATURE <small>authorizing self-administration</small>	17b. SELF-CARRY EMERGENCY MEDICATION (Check One) [] YES [] NO [] N/A - Not emergency medication	17c. DATE

CAMPER NAME: _____

CAL RIPKEN, SR. FOUNDATION – PLAYER/PARENT RELEASE FORM

Carefully read the following sections and provide the information below in the indicated spaces.

In consideration for the permission granted to me and/or my child/ward to participate in activities (e.g. camps/clinics/trainings) associated with the Cal Ripken, Sr. Foundation ("the Foundation"), I (individually and/or as a parent/guardian) hereby release, covenant not to sue and forever discharge the Cal Ripken, Sr. Foundation, Inc., its employees, agents and directors, (including but not limited to Calvin E. Ripken, Jr. and all related entities), Ripken Baseball, Inc., and their members, officers, agents, and employees ("Released Parties") from any and all claims and liabilities with regard to participation in Foundation events and Event Activities.

I (individually and/or as a parent/guardian) further state and certify that I and/or my child/ward am/are physically able to participate in the described activities. I and/or my child/ward further agree that should I and/or my child/ward become injured as a result of participation that I and/or my child/ward do release and hold harmless, the Released Parties from any and all liability for illness, injury, or death and any consequences thereto and there from. I understand that certain risks are present when participating in the program and activities, including, but not limited to baseball/softball, other land sports, water activities, ropes courses, zip lining, bus trips, transportation, weather conditions, plants, insects, rugged terrain and other nature (collectively "Event Activities").

This release shall inure to the benefit of the Released Parties and shall be binding on my heirs, successors and executors. I and/or my child/ward further state that the Foundation and Released Parties are authorized to use my and/or my child/ward's name and any photographs or videotape of me and/or my child/ward for promotional purposes in furtherance of Foundation objectives without the need to compensate me and/or my child/ward.

I (individually and/or as a parent/guardian) understand that Foundation staff reserve the right, at their sole discretion, to withdraw any participant whose influence or actions are deemed unsatisfactory or who will not abide with rules and policies as designated. I understand that the Foundation will provide necessary equipment to participate in the activities and all personal items utilized by a participant are done so at their own risk. The Foundation and Released Parties will not be held responsible for lost, damaged or stolen items.

In the event that I and/or my child/ward am ill or injured and unable to make decisions, the emergency contact is unavailable, and the Foundation is unable to provide the necessary care, I hereby give permission to the medical personnel selected by the Released Parties to order X-rays, routine tests, or treatment; to release any records necessary for insurance purposes; to provide or arrange necessary transportation; and to the physician selected by the Released Parties to secure and administer treatment, including hospitalization.

I have read this liability form, have been given sufficient time to review it, and asked whatever questions I have related to it. I fully understand the risks involved and that it is possible to sustain serious injury or death during the course of participating in Event Activities. I acknowledge that my execution hereof is material to acceptance of my and/or my child/ward's participation in Foundation Event Activities.

I acknowledge that I have read and understand all documents regarding participation and that any/all information provided to the Foundation is complete and accurate. I understand that questions regarding Foundation events should be directed to 410.823.0808.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

SANDY HILL OVERNIGHT FACILITY FORM

SANDY HILL LLC INFORMED CONSENT AGREEMENT FOR MINORS

Carefully read the following sections and provide the information below in the indicated spaces.

I (AS A PARENT, CUSTODIAL PARENT, OR GUARDIAN OF THE CHILD NAMED BELOW) UNDERSTAND THAT:

The program that my child is attending will include both indoor and outdoor physical activities. Some of the activities may be similar to rock climbing and involve the use of harnesses, while others may include some lifting, stretching, and jumping. All activities are designed to be safe and engaging for a wide range of abilities. Each activity will be explained by program staff. My child may choose to limit his/her participation as he/she feels appropriate, and that choice will always be respected.

- ❖ Parts of this program can be physically demanding
- ❖ The potential for injury exists even though safety systems are provided
- ❖ It is always my or my child's responsibility to limit his/her participation in any way I or he/she deems appropriate
- ❖ It is important to disclose all medical conditions and all physical activity concerns on the back of this form
- ❖ My child cannot be under the influence of drugs or alcohol during the program, except for medication I have disclosed on the back of this paper

LIABILITY RELEASE

I understand that Sandy Hill takes reasonable precautions to insure that programs and activities at Sandy Hill are conducted by qualified personnel in a safe and responsible manner. However, I further understand that these activities involve certain risks and dangers and include, but are not limited to ropes course, zipline, climbing, water sports, land sports, weather conditions, plants, insects, falling trees and rugged terrain (collectively "Camp Activities"). I, the undersigned, recognize these risks and agree to assume these risks by allowing my child to attend and participate in these Camp Activities at Sandy Hill. I hereby release, indemnify and hold harmless Sandy Hill, LLC, Sandy Hill Holdings, LLC, their directors, officers, owners, agents, guests, and employees (collectively "Sandy Hill") from all liability for damage, injury, death or illness to my child or his/her property relating to or deriving from his/her presence at Sandy Hill or participation in Sandy Hill sponsored Camp Activities whether arising from an act or omission, negligent or otherwise, by Sandy Hill or otherwise to the fullest extent permitted by law.

PUBLICITY RELEASE

I give permission to Sandy Hill, without limitation or obligation, to make photographs, film footage, or tape recordings which may include my child's image, voice, or written comments for purposes of promoting Sandy Hill programs. This includes but is not limited to posting my child's image on an internet site. Sandy Hill will not post personally identifiable information such as my child's name with these photos. I release Sandy Hill from any claim or liability to these uses.

PERMISSION TO TREAT

The organization sponsoring the event ("the Group") is responsible for providing all necessary medical supplies, care, trained personnel and transportation for my child. In the event that my child is ill or injured, the emergency contact below is unavailable, and the Group is unable to provide the necessary care, I hereby give permission to the medical personnel selected by Sandy Hill to order X-rays, routine tests, or treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary transportation for my child. I hereby give permission to the physician selected by Sandy Hill to secure and administer treatment, including hospitalization, for my child.

ARBITRATION

Any controversy or claim arising out of or relating to this agreement, or the breach thereof, shall be settled by arbitration administered by the American Arbitration Association under its Commercial Arbitration Rules. I, the undersigned, hereby agree to submit to arbitration administered by the American Arbitration Association under its Commercial Arbitration Rules. The place of the arbitration shall be the State of Maryland, and Maryland law shall apply. I further agree that I will faithfully observe this agreement and the rules, that I will abide by and perform any award rendered by the arbitrators, and that a judgment of any court having jurisdiction may be entered on the award. Arbitration shall be the sole and exclusive remedy of myself, my child and the Camp. Myself, my child and/or the Camp shall be responsible for its respective share of the arbitration fees in accordance with the applicable Rules of Arbitration. In the event either myself, my child or the Camp fails to proceed with arbitration, unsuccessfully challenges the arbitrator's award, or fails to comply with the arbitrator's award, the Camper or the Camp, as the case may be, is entitled to costs of suit, including a reasonable attorney's fee for having to compel arbitration or defend or enforce the award. The Camper and the Camp waive all rights to have the dispute litigated in a Court or jury trial, and all judicial rights to discovery and appeal. The Camp and the Camper shall not disclose the existence, content, or results of any arbitration hereunder.

Camper Name (print legibly)

Signature of Parent/Custodial Parent/Guardian

Date

Street Address

City, State, Zip Code

In the event of an emergency, please contact:

Emergency Contact Name

Relationship

Phone

IMPORTANT: PLEASE NOTE ANY MEDICATIONS OR MEDICAL OR PHYSICAL CONCERNS ON THE REVERSE SIDE OF THIS SHEET.

Last Revised April 3, 2013