



Counselor Registration Check List

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

_____ **Page 2 - Counselor Registration Packet**

- ✓ Please complete all counselor registration information, including the **CERTIFICATION** at the bottom of the page by the Executive Director of the club

_____ **Page 3 - Cal Ripken, Sr. Foundation Release Form**

- ✓ Signature required

_____ **Page 4 - Counselor Registration Form**

- ✓ Please complete all information, including activities you will be interested in

_____ **Page 5 - Overnight Facility Release Form**

- ✓ Signature Required

_____ **Page 6-7 - Youth Organization Chaperone Rules & Responsibilities**

- ✓ Signature Required

_____ **Page 8 – Cal Ripken, Sr. Foundation Disclosure**

- ✓ Signature Required

_____ **Page 9 - Background Check**

- ✓ **ATTACH** a copy of your background check

Failure to complete these items in its entirety will result in your club's participation to be jeopardized

Ripken Summer Camp
1427 Clarkview Road, Suite 100, Baltimore, MD 21209
Office: 410-823-0043 | Fax: 443-841-7033



2018 Counselor Registration Packet

Complete all three (3) pages of the counselor registration packet and **attach a copy of the counselor's background check**, then submit to CRSF with camper packets.

Ripken Summer Camp, 1427 Clarkview Road, Suite 100, Baltimore, MD 21209
Office: 410-823-0043 – Fax: 443-841-7033

Name of Counselor/Chaperone: _____

Organization: _____

Title: _____

Work phone number: _____ Cell phone number: _____

Email address: _____

Date of birth: _____ Gender: MALE FEMALE

Emergency Contact Name: _____ Relation: _____

Emergency Contact Phone Number: _____ Alt Phone: _____

Are there any health concerns CRSF should be aware of? If so, please detail below.

Certification:

To the best of my knowledge I hereby certify that the information listed above is true and correct. I further certify that the staff member has had the required organizational background check and **proof is attached to this registration packet.**

Name of Executive Director/CPO: _____

Signature: _____ Date: _____

Contact Phone Number of Executive Director/CPO: _____

Cal Ripken, Sr. Foundation – Release Form

Counselor Name: _____

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 410.823.0043.

_____	_____	_____
Printed Name	Signature	Date

Counselor Registration Form

Counselor Name: _____

We at the Cal Ripken, Sr. Foundation appreciate and value the time commitment you give to our programs and the kids you serve. Each of you has valuable skills that can help us deliver a fantastic camp. In an effort to best utilize your time and talents; please take a moment to identify some ways you can best serve at camp. Feel free to detail any interests, preferences, or jobs you are unable to perform.

**All counselors are first and foremost responsible for the campers from your organization, and will be asked to assist CRSF with a variety of tasks throughout the week. We will take all preferences under consideration.*

Meal time – assist in set up and clean up at breakfast, lunch, dinner, and snacks

Transportation and attendance – directing campers to proper buses and helping CRSF staff track attendance.

Baseball activities – assist in baseball instruction, setting up equipment, managing stations, filling water coolers, and helping campers rotate through stations

Camp activities – help monitor pool, basketball court, ropes course, and provide guidance for kids as they rotate through stations and schedules

1. List areas of interest related to camp (i.e. meals, sports, activities, discussions, reinforcing lessons through special presentations and discussions).

2. Do you have any relevant certifications that may help at camp (i.e. CPR, first aid, lifeguard, ropes course)?

**CRSF camp staff have all necessary certifications. Any counselors with special skills would simply be to support staff.*

3. If you have any other comments/concerns or questions, please describe below.

****Attach a copy of the counselor's background check with form submission****

Contact CRSF Staff at 410-823-0043 for more information

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



Youth Organization Chaperone Rules & Responsibilities Cal Ripken, Sr. Foundation Summer Camp

Responsibilities while at overnight facility:

- ◆ Ensure all youth are dressed appropriately with uniform and hat prior to breakfast
- ◆ Maintain accurate head count of youth under your supervision
- ◆ Assist with activities during dinner
- ◆ Notify lead Ripken Foundation staff immediately if a child is not accounted for
- ◆ Become familiar with emergency procedures and implement as directed
- ◆ Monitor and participate in free time activities
- ◆ Ensure all participants are in bed and accounted for when directed

Counselor Rules

- ◆ No drugs, alcohol, or sexual activity
 - This includes smoking in the presence of youth participants
- ◆ Physical abuse or abusive language to youth will not be tolerated
- ◆ May not leave without permission from Ripken Foundation staff
- ◆ Must remain available to youth participants at all times
 - Including during free time and meals
- ◆ Notify Ripken Foundation staff members in case of emergency
- ◆ Communicate behavioral issues and related punishments to Ripken Foundation staff
- ◆ Ensure dorms are kept clean

In the Event of an Emergency

- ◆ Contact Ripken Foundation staff immediately
 - Scott Swinson: 443-812-1062
 - Kaitlin Rowan: 301-938-1632
 - Tim Bancells: 443-617-8573
 - Stephanie Green: 410-925-3625
 - Darius Gardner: 832-273-1252
 - Patrick Coan: 860-460-8197
 - Courtney Stephens: 410-926-0225
 - Chris Rubright: 410-206-8687
 - Travis Punt: 443-472-2988
- ◆ Remain calm
- ◆ Take role for your group immediately upon arriving at safe location
- ◆ Follow direction from all Ripken Foundation staff to maintain order

Communicating with Parents

- ◆ Please contact Ripken Foundation staff first
- ◆ Illness or injury must first be reported to trainer, nurse, or medical staff who will determine if the child is no longer able to participate
- ◆ If camper is unaccounted for at nightly room check or any other head count time – notify Ripken Foundation staff immediately and follow procedures with their direction
- ◆ Use best reasonable judgment in regards to homesickness
- ◆ Notify Ripken Foundation staff of behavior issues and medical issues in timely fashion

Summary

- ◆ Maintain accurate accounting of all participants in your care and notify Ripken Foundation staff of any related discrepancies
- ◆ Absolutely no drugs, alcohol, sexual activity, physical abuse, or abusive language will be tolerated at any time
- ◆ Follow all instructions from Ripken Foundation staff in the event of an emergency
- ◆ Never leave the premises
- ◆ Sleep in assigned cabin
- ◆ Remain accessible and available to your group at all times
- ◆ Encourage youth to try new things, meet new people, and above all, HAVE FUN!



I CERTIFY THAT I HAVE READ AND UNDERSTAND THE RULES, REGULATIONS, AND PROCEDURES OF THE CAL RIPKEN, SR. FOUNDATION SUMMER CAMP AND AGREE TO COMPLY WITH PRINTED AND VERBAL INSTRUCTIONS AS DIRECTED BY CAL RIPKEN, SR. FOUNDATION STAFF. I UNDERSTAND THAT FAILURE TO COMPLY WITH WRITTEN OR VERBAL INSTRUCTIONS MAY BE CAUSE FOR DISMISSAL FROM SUMMER CAMP ACTIVITIES AND COULD AFFECT FUTURE FUNDING AND PARTNERSHIP OPPORTUNITIES.

Organization:

Name:

Signature:

Date:



Cal Ripken, Sr. Foundation Disclosure

At the Cal Ripken Sr. Foundation, we strive to offer both a program and camp experience that the youth we serve will benefit from, learn from and never forget. We hope that the volunteers, mentors and other organizations we work with also have a positive experience as they work with our staff to instill the character building and life lessons that are the cornerstone on which we were founded. Hosting the children that we serve in a safe and inviting environment is a priority to us and we go to great lengths to ensure their experience is one of a kind and hopefully life changing.

We look forward to working with our all of our volunteers and mentors who, like us, have a strong desire to help others and be positive role models for children from all backgrounds and demographics. Keeping our children safe is our biggest priority and any mentor or volunteer who works with us must be committed to this as well.

As part of our programming at camp, there is a heavy military and law enforcement presence. This includes, but is not limited to, numerous military vehicles and a strong military personnel presence. At times, there may be helicopters circling the grounds and several of those helicopters may land. Law enforcement personnel may throw smoke bombs or other items that may explode, make loud noises or emit smoke. Officers may be wearing tactical and/or SWAT gear or may be carrying firearms. Many military and law enforcement officers serve as our mentors and work closely with us. The equipment and other items they bring are a tactical part of their presentation and our program at camp.

Part of our mission is to treat all children and youth participating in programs sponsored by CRSF with respect and dignity. We feel the same way about the volunteers and mentors that we work with. We want everyone to feel comfortable and safe when they are involved with our programs. Knowing that some mentors may have an adverse reaction to any of the events described above, we ask that any volunteer or mentor who is under the active care of a healthcare provider or mental health professional provide a letter from that professional certifying that the type of environment described in this document will not aggravate an existing medical or mental health condition. In addition, all participants must sign below indicating that they understand what they will experience in camp, and that such conditions will not pose any safety risk or negatively impact their ability to volunteer with our organization.

Printed Name: _____

Signature: _____ Date: _____

**ATTACH BACKGROUND
CHECK**