



## 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- North Bay Overnight Facility Form**

- ✓ Signature Required

\_\_\_\_\_ **Page 9- COVID-19 Waiver & Indemnification**

- ✓ Signature Required

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

**2022 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: \_\_\_\_\_

2<sup>nd</sup> 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 ____/____/____ Month Day Year	
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 <b>NOT TO EXCEED 1 YEAR</b> .		12a. FROM ____/____/____ Month Day Year	12b. TO ____/____/____ Month Day Year
13. PRESCRIBER'S NAME/TITLE		This space may be used for the Prescriber's Address Stamp	
TELEPHONE	FAX		
ADDRESS			
CITY	STATE ZIPCODE		
14a. <b>PRESCRIBER'S SIGNATURE (Parent/guardian cannot sign here)</b> <small>(ORIGINAL SIGNATURE OR SIGNATURE STAMP ONLY)</small>			14b. <b>DATE</b>

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

**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.

In the event I and/or my child/ward suffers an injury which is examined by a physician, you agree that the physician shall make the determination if and when I and/or my child/ward may return to participation in Event Activities.

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 of Parent/Guardian**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**



## NORTHBAY OVERNIGHT FACILITY FORM

 <b>NorthBay</b>	<b>NorthBay Guest Health Information and Release Form</b>	
<p><b>Note to Guest: NorthBay wants the camp experience to be a safe and healthy one. However in the event of an accident or illness, it is important that we have the following information.</b></p>		
<b>Group Name</b> _____		
<b>Guest Information</b>		
Last Name:	First Name:	Middle:
Birth Date:	Sex: Male/Female	Cell Phone:
Home Address:		Home Phone:
Emergency Contact:	Relationship:	Cell Phone:
Home Address:		Home Phone:
My Insurance Company:		Policy Number:
<input type="checkbox"/> <b>Not Currently Insured</b> —NorthBay reserves the right to subrogation if it is later determined that personal medical insurance was in place.		
<b>HEALTH HISTORY</b>		
List any major medical conditions:		
List any allergies to medications:		
<b>RELEASE OF LIABILITY AND ASSUMPTIONS OF RISK</b>		
<p>At NorthBay, health, safety, and supervision are paramount. The approach to safety and risk management is accompanied with competence, judgment, and purposeful sound programming. Guest safety and well-being is everyone's concern. As a policy of NorthBay, we require that a Release of Liability Form be signed as a requirement to attend camp.</p>		
<p>I represent that I desire to attend a camp and participate in activities sponsored by NorthBay, LLC ("NorthBay"). In consideration for NorthBay permitting the Guest to attend the camp and participate in the activities, I have agreed to execute this Release of Liability and Assumption of Risks (the "Release"). I assert the information given on this health form is complete and accurate to the best of my knowledge.</p>		
<p>I acknowledge that participating in some of the activities sponsored by NorthBay, including canoeing, kayaking, boating, water skiing, hiking, swimming, snorkeling, tubing, fishing, rock climbing, zip line, sport activities, nature and acclimatization activities, and using the ropes course, involve certain inherent risks, including the risk of serious personal injury. I agree I shall assume all such risks, including the risk of serious personal injury. I agree I shall assume all such risks, as well as any other risks involved in any activities sponsored by or involving NorthBay.</p>		
<p>I also agree to release and discharge NorthBay and all of its employees, agents, and representatives, as well as all other persons, corporations, or other entities that might have any liability to or me (the "Released Parties"), from and against any and all damages, actions, claims, and liabilities, whether known or unknown, anticipated or unanticipated, suspected or unsuspected, relating to or arising from me attending camp or being involved in any activity, occurrence, or event connected to NorthBay.</p>		
<p>This Release is intended to release and discharge the Released Parties from all damages, actions, claims, and liabilities arising from or related to the negligence of the Released Parties. I further agree to indemnify, hold harmless, and defend NorthBay from and against any loss, damage, liability and expense, including costs and attorneys' fees, incurred by NorthBay that is related to or arise from me attending camp or being involved in any activity, occurrence, or event connected in any way to NorthBay. I hereby grant permission to NorthBay the right to use, reproduce, and/or distribute photographs, films, video-tapes, and sound recordings of me, without compensation or approval rights, for use in materials created for purposes of promoting the activities of NorthBay.</p>		
<p>The laws of the State of Maryland shall govern the rights and obligations of the parties to this Release and the interpretation, construction, and enforceability thereof. I agree that any lawsuit brought against any Released Party shall be brought solely in the Circuit Court for Baltimore County, Maryland. I hereby voluntarily waive any right I may have to a trial by jury in any action, proceeding or litigation involving any Released Party. I further agree to pay any attorney's fees incurred by NorthBay if I attempt to contest the validity of this Release.</p>		
<p>In the event I cannot be reached in an emergency when I am under camp supervision, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and/or order injections, anesthesia, or surgery for myself. If something were to happen to me a doctor selected by the camp may treat me for any injury/illness.</p>		
<b>THIS RELEASE IS A BINDING LEGAL CONTRACT, PLEASE READ IT CAREFULLY BEFORE SIGNING.</b>		
Signature of adult guest:		Date:
<b>If the guest is under 18 years of age:</b>		
Signature of parent/guardian:		Date:

For use with guest groups camping 4 days or less Revised November 6, 2007



## **COVID-19 (CORONAVIRUS) RELEASE, WAIVER, HOLD HARMLESS, AND INDEMNIFICATION AGREEMENT**

The undersigned participant, parent, guardian, chaperone (collectively, "Participants"), on his/her own or on behalf of \_\_\_\_\_ (participant name) for good and valuable consideration hereby acknowledged by the undersigned, agrees to the following terms and conditions of this Release, Waiver, Hold Harmless, and Indemnification Agreement ("Agreement"):

1. **Assumption of Risk and Waiver:** Participant understands and accepts the risks associated with, among other things, participating in an event sponsored by Cal Ripken Sr. Foundation, Inc. ("CRSF"). Specifically, Participant understands, appreciates and voluntarily accepts any and all risks related to the participating in The Cal Ripken, Sr. Foundation Summer Camp, as well as understands, appreciates and voluntarily accepts any and all additional injuries, death, and damage that may result from the current COVID-19 Pandemic ("Accepted Risks"). Participant, therefore, understands, appreciates and voluntarily accepts to assume the Accepted Risks and dangers inherent in participating in, attending or providing services for the event, agrees to at all times to be responsible for Participant's personal safety, remain financially responsible for Participant's medical expenses, and waives Participant's right to any claims arising from attending, participating in or providing services for the event.

In consideration of the permission granted to participate in the activities of The Cal Ripken, Sr. Foundation Summer Camp, I hereby release, covenant not to sue and forever discharge, CRSF, Ripken Baseball and all affiliated entities, their Directors, officers, employees, agents, Calvin E. Ripken Jr. and William O. Ripken (the "Released Parties"), from any and all claims and liabilities with regard to my participation in, attendance or working at The Cal Ripken, Sr. Foundation Summer Camp.

2. **Release, Hold Harmless, Indemnification:** Participant agrees not to hold CRSF or its staff, employees or any of the other Released Parties, as defined above, liable for contracting COVID-19 or any illness while they are at the event. Participant agrees to indemnify and hold harmless Released Parties against illnesses and damages sustained or suffered by any third party, whether caused by Participant directly or indirectly, and which includes reimbursement of Released Parties' attorneys' fees. Participant understands, appreciates, and voluntarily accepts the Accepted Risks, and hereby acknowledges that Participant is participating in, attending or providing services at the event at his/her own risk.

3. **Governing Law and Time Limitation:** This Agreement shall be construed and enforced in accordance with the laws of the State of Maryland. All disputes relating to the interpretation and enforcement of this Agreement shall be resolved exclusively by the state court in Baltimore County, Maryland (the "Court"). The parties hereto hereby submit to the jurisdiction and venue of the Court for such purpose. Participant agrees that any and all claims and/or causes of action, for the interpretation or enforcement of this Agreement against the Released Parties or others must be brought within one (1) year of the date accrued.

4. **Attorneys' Fees:** Participant agrees to reimburse Released Parties for any and all attorneys' fees and costs incurred by Released Parties in enforcing the terms of this Agreement and/or in defending or prosecuting any claims or causes of action involving, or in any way relating to, Participant.

5. I further state and certify that I am able to participate in, attend or provide services for the described activities of the program. I further agree that should I become injured as a result of participation that I do release and hold harmless, the Released Parties from any and all liability for illness or injury and any consequences thereto and therefrom. This release shall inure to the benefit of the Released Parties and shall be binding on my heirs, successors and executors. I further state that CRSF is authorized to use my name and any photographs or videotape of me for its promotional purposes without the need to compensate me for such use.

I have read this Agreement and have been given sufficient time to review it and ask whatever questions I have relating 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, attending or providing services to the above described activities. I acknowledge that my execution hereof is material to acceptance of my participation and supervision of described activities. My execution by electronic means (whether by full signature or initials) is as binding as if signature on a hard copy of this document.

Participant Name: \_\_\_\_\_

Parent/Guardian Name (if applicable): \_\_\_\_\_

Participant/Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_