



## 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- COVID-19 Waiver & Indemnification**

- ✓ Signature Required

\_\_\_\_\_ **Page 10 - 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  
Office: 410-823-0043 | Fax: 443-841-7033



## 2022 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.

Cal Ripken, Sr. Foundation Summer Camp  
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.

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.

_____	_____	_____
<b>Printed Name</b>	<b>Signature</b>	<b>Date</b>

**YOUTH CAMP HEALTH HISTORY STAFF MEMBER/VOLUNTEER**

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

Current residence: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care Physician or  
other provider of medical care: \_\_\_\_\_

**HEALTH INFORMATION:**

Are there any pertinent 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 of which we need to be aware?  NO

YES, Explain: \_\_\_\_\_

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

**IMMUNIZATION INFORMATION:**


**\*Must list current residence above\***

For staff members/volunteers who currently reside **within** the United States, a United States territory, or the District of Columbia: Do you have any immunization exemptions because of a parental or guardian objection or medical contraindication?  NO

YES, List: \_\_\_\_\_

For staff members/volunteers 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.

\_\_\_\_\_  
Staff Member/Volunteer Signature or Date  
Parent or Legal Guardian's Signature (If Staff Member is Under 18 Years)  
MDH-4767 (12/2017)

	<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> <p style="text-align: center;"><b>Group Name</b></p>	
<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



## 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
- ◆ Assist Ripken Foundation staff by enforcing the cell phone policy
- ◆ Ensure dorms are kept clean

### In the Event of an Emergency

- ◆ Contact Ripken Foundation staff immediately
  - Scott Swinson: 443-812-1062
  - Anthony Cangelosi: 240-620-7366
  - Tracey Pyser: 443-986-3691
  - Courtney Stephens: 410-926-9225
  - Alan Garcia, 443-801-3490
  - Chris Rubright: 410-206-8687
  - Tim Bancells: 443-617-8573
- ◆ 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.

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**Organization:**

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**Name:**

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



**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 of 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 of 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: \_\_\_\_\_

**ATTACH BACKGROUND  
CHECK**