Feb. 25, 2019

Dear Parents of Sherwood Forest Campers,

Attached is the Sherwood Forest Boys and Girls Camp Registration, Health History, Parent Agreement, Parent Waiver, and Permission Form for 2019. Please complete all forms for each camper and mail them to: Sherwood Forest Club, 134 Sherwood Forest Road, Sherwood Forest, Maryland 21405.

Registrations are due on or before June 1, 2019, with your check payable in full to the Sherwood Forest Camp. Please note that incomplete enrollment and/or health history forms that cannot be processed will be returned to you. In order to avoid a $50 late fee per family, enrollments must be post marked by June 1, 2019. The camp groups for 2019 are in accordance with the below listed birthdates:

<table>
<thead>
<tr>
<th>Group</th>
<th>Born On or After</th>
<th>Born Before</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Playground</td>
<td>9.1.15</td>
<td>9.1.16</td>
</tr>
<tr>
<td>Playground, 1st Year</td>
<td>9.1.14</td>
<td>9.1.15</td>
</tr>
<tr>
<td>Playground, 2nd Year</td>
<td>9.1.13</td>
<td>9.1.14</td>
</tr>
<tr>
<td>NITs</td>
<td>9.1.12</td>
<td>9.1.13</td>
</tr>
<tr>
<td>Novice Green</td>
<td>9.1.11</td>
<td>9.1.12</td>
</tr>
<tr>
<td>Novice White</td>
<td>9.1.10</td>
<td>9.1.11</td>
</tr>
<tr>
<td>Middie Green</td>
<td>9.1.09</td>
<td>9.1.10</td>
</tr>
<tr>
<td>Middie White</td>
<td>9.1.08</td>
<td>9.1.09</td>
</tr>
<tr>
<td>Junior Green</td>
<td>9.1.07</td>
<td>9.1.08</td>
</tr>
<tr>
<td>Junior White</td>
<td>9.1.06</td>
<td>9.1.07</td>
</tr>
<tr>
<td>Intermediate Green</td>
<td>9.1.05</td>
<td>9.1.06</td>
</tr>
<tr>
<td>Intermediate White</td>
<td>9.1.04</td>
<td>9.1.05</td>
</tr>
<tr>
<td>Senior, 1st Year</td>
<td>9.1.03</td>
<td>9.1.04</td>
</tr>
<tr>
<td>Senior, 2nd Year</td>
<td>9.1.02</td>
<td>9.1.03</td>
</tr>
</tbody>
</table>
If this is the initial enrollment of your child, please provide proof of the birth date. If there is any question about group placement for your child it should be addressed by letter to the Camp Director by May 15, 2019. The fees for camp enrollment for the summer of 2019 are below.

<table>
<thead>
<tr>
<th></th>
<th>Full</th>
<th>Half*</th>
<th>Weekly</th>
<th>Daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>Playground - Seniors</td>
<td>$1450</td>
<td>$925</td>
<td>$295</td>
<td>$75</td>
</tr>
<tr>
<td>Pre-playground</td>
<td>$675</td>
<td>$450</td>
<td>$200</td>
<td>$50</td>
</tr>
</tbody>
</table>

* Applies to either the 1st or 2nd half season.

The Club Board reminds everyone that the Camp program is strictly guided by the rules and regulations set forth by the Sherwood Forest Club, including regulations regarding guest eligibility and fees. Guest fees must be paid (when applicable) to the Sherwood Forest Club with registration. Best wishes and see everyone this summer.

Craig Whiteford
Camp Director
Sherwood Forest
Boys & Girls Summer Camp
Registration Form 2019

________________
Date

_____________________________
MALE     FEMALE
___________     __________

Camper’s Name:  Last, First, Middle     (Circle One) Date of Birth    Camp Group

Camper’s Summer Address (Street, city, state, zip code)
________________________________________________________________________

Camper’s Winter Address (if different)
________________________________________________________________________

Member’s Name

Cottage #

Relationship

Parent’s Name (If different from Member’s Name)

Phone contact numbers, list preferred number first

Email contact address

Enrolling for (Circle One)

<table>
<thead>
<tr>
<th>FULL SEASON</th>
<th>1st HALF</th>
<th>2nd HALF</th>
<th>WEEKLY DATE/S</th>
<th>DAILY DATE/S</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES NO</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Circle One)

Did this child attend Sherwood Forest Camp previously?  If no, attach proof of birth date.

If applicable, guest fees & limited membership has been paid to the Sherwood Forest Club.

Registration fees are due in full. Checks are made out to the: Sherwood Forest Camp.

FOR OFFICE USE ONLY

___________  Date application received.

___________  Immunization records complete.

___________  Proof of birth received.

___________  Amount of payment received.  Date ________  Check # ________

___________  Club fees paid, if applicable.
Feb. 25, 2019

Dear Parent or Guardian,

The Sherwood Forest Boys and Girls Camp is regulated by the State of Maryland. The enclosed, updated camper health forms reflect the current required forms for youth camps in Maryland.

Health forms include:

• **Camper Health History form** - Required for ALL campers
• **Medication Administration Authorization Form (MDH-4758)** – *Only* to be completed if medications will be kept in camp office while camper is attending camp.

Please note – currently, State of Maryland regulations require that an immunization record is *only* required for campers who reside (in winter) **outside** the U.S., a U.S. Territory, or the District of Columbia.

Sincerely,

Craig Whiteford
Camp Director
[cwhiteford@mcdonogh.org](mailto:cwhiteford@mcdonogh.org)
410-790-8488
SHERWOOD FOREST BOYS AND GIRLS CAMP
CAMPER HEALTH HISTORY

CAMPER NAME_________________________ CAMP GROUP ___________ DOB__/__/__

The following information is REQUIRED:

Camper Address (Summer): __________________________________________________________

EMERGENCY CONTACT INFO:
1. Parent/Legal Guardian: ___________________________ Phone: ________________
2. Other than parent/guardian above: ___________________________ Phone: ________________
3. Camper’s Physician: ___________________________ Phone: ________________

HEALTH INFORMATION:
1. Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? No ☐ Yes ☐ If Yes, explain below:

__________________________________________________________________________

2. Are there any medication, 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 ☐ If Yes, explain below:

__________________________________________________________________________

IF A CAMPER NEEDS ANY PRESCRIPTION OR NON-PRESCRIPTION MEDICATION TO BE KEPT IN CAMP OFFICE, A MEDICATION ADMINISTRATION/AUTHORIZATION FORM NEEDS TO BE COMPLETED FOR EACH MEDICATION (FORM IS IN CAMP REGISTRATION PACKET).

IMMUNIZATION INFORMATION:
A. For campers who reside within the United States, a United States Territory, or the District of Columbia:
   1. State/territory in which camper resides (winter) __________________________
   2. Is this camper exempt from any Immunizations? No ☐ Yes ☐ If Yes, list below:

__________________________________________________________________________

B. For campers who reside outside the United States, a United States territory, or the District of Columbia:
   1. Country in which camper resides (winter) __________________________
   2. Attach MDH Form 896 – Maryland Department of Health Immunization Certificate
   3. Is camper exempt from any Immunizations? No ☐ Yes ☐ If Yes, list below:

__________________________________________________________________________

Parent/Legal Guardian Signature _____________________________________________ Date ____/____/_____
SHERWOOD FOREST BOYS AND GIRLS CAMP  
134 Sherwood Forest Road, Sherwood Forest, MD 21405

This form only needs to be completed if camper medication(s) are to be kept in the Sherwood Camp Office. EACH medication must have a completed Medication Administration/Authorization Form.

MEDICATION ADMINISTRATION AUTHORIZATION FORM  for Youth Camps in Maryland

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.

<table>
<thead>
<tr>
<th>I. PRESCRIBER’S AUTHORIZATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. CHILD’S NAME</td>
</tr>
<tr>
<td>3. CONDITION FOR WHICH MEDICATION IS BEING ADMINISTERED:</td>
</tr>
<tr>
<td>4. EMERGENCY MEDICATION</td>
</tr>
<tr>
<td>[ ] YES [ ] NO, see Section III below</td>
</tr>
<tr>
<td>5. MEDICATION NAME</td>
</tr>
<tr>
<td>7. ROUTE</td>
</tr>
<tr>
<td>8. TIME/FREQUENCY OF ADMINISTRATION</td>
</tr>
</tbody>
</table>

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 | 12b. TO |
| Month | Day | Year | 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. PRESCRIBER’S SIGNATURE (Parent/guardian cannot sign here) 
(ORIGINAL SIGNATURE OR SIGNATURE STAMP ONLY)  
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 authorizing self-administration  
16b. SELF-CARRY EMERGENCY MEDICATION (Check One)  
[ ] YES [ ] NO [ ] N/A - Not emergency medication  
16c. DATE

17a. PARENT/GUARDIAN’S SIGNATURE authorizing self-administration  
17b. SELF-CARRY EMERGENCY MEDICATION (Check One)  
[ ] YES [ ] NO [ ] N/A - Not emergency medication  
17c. DATE
Sherwood Forest
Boys & Girls Summer Camp
General Field Trip Permission

___________________________________________________________________________

Male  Female    _______       ____________

Campers Name: Last, First, Middle     Date of Birth     Camp Group

has my permission to travel with the Sherwood Forest Boys and Girls Camp this
summer on trips and events outside of Sherwood Forest, made by car, boat or bus, as
coordinated and planned by the Sherwood Forest Boys and Girls Camp Staff. These
trips may include travel to sporting events, swimming meets, and special field trips. I
understand that all trips will usually take place within the Camp day and will be
chaperoned by Camp Counselors and/or parent volunteers (when available or required).
Specific destinations, trip schedule, details and instructions will be given prior to each
planned trip as published in the Greensheet, with announcement forms sent home with
the Campers, and/or announcement forms placed in the parent’s or responsible adult’s
Post Office mail box.

I grant this permission for all trips without further consent.

___________________________________________________________________________     Date __________

Parent’s Signature:

___________________________________________________________________________

Printed Parent’s Name:

Complete and return this form with the Camp Registration Form and other required
documents for camp enrollment to the Sherwood Forest Club Office
Child’s Name: ______________________________________________

Camp Group: ______________________________________________

Waiver and Release

I desire that my child participate in the Sherwood Forest Summer Camp Program. I understand that accidents and injuries may occur in the Camp Program. Therefore, in consideration for allowing my child to participate, I voluntarily and intentionally, waive all claims against and completely release the Sherwood Forest Summer Camp, the Sherwood Forest Club, the Sherwood Forest Company, and all of their employees, volunteers and members (the “Sherwood Released Parties”), from any and all liability for injury to or death of my child, including any and all claims, costs, suits, actions, judgments and expenses arising out of my child’s participation in Sherwood Forest Summer Camp. I understand that if I do not sign and agree to this Waiver and Release, my child will not be allowed to participate in the Camp Program.

Parent Signature: ____________________________ Date:________________

Parent Signature: ____________________________ Date:________________