

Sherwood Forest Boys & Girls Camp

134 Sherwood Forest Road, Sherwood Forest, MD 21405

www.sfcamp.org

Feb. 20, 2017

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 2017. 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, 2017, 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, 2017. The camp groups for 2017 are in accordance with the below listed birthdates:

Group	Born On or After	Born Before
Pre-Playground	9.1.13	9.1.14
Playground, 1st Year	9.1.12	9.1.13
Playground, 2nd Year	9.1.11	9.1.12
NITs	9.1.10	9.1.11
Novice Green	9.1.09	9.1.10
Novice White	9.1.08	9.1.09
Midget Green	9.1.07	9.1.08
Midget White	9.1.06	9.1.07
Junior Green	9.1.05	9.1.06
Junior White	9.1.04	9.1.05
Intermediate Green	9.1.03	9.1.04
Intermediate White	9.1.02	9.1.03
Senior, 1st Year	12.31.01	12.31.02
Senior, 2nd Year	12.31.00	12.31.01

Sherwood Forest Boys & Girls Summer Camp Registration Form 2017

_____ 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)**

FULL **1st** **2nd** **WEEKLY** **DAILY**
SEASON **HALF** **HALF** **DATE/S** _____ **DATE/S** _____

YES **NO** Did this child attend Sherwood Forest Camp previously? If no, attach
 (Circle One) 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.

	<u>Full</u>	<u>Half*</u>	<u>Weekly</u>	<u>Daily</u>	
Playground - Seniors		\$1050	\$710	\$250	\$75
Pre-playground		\$600	\$450	\$200	\$50

** Applies to either the 1st or 2nd half season. Weekly rate applies to non-consecutive weeks that span both the 1st and 2nd half of the Camp 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 Camp

134 Sherwood Forest Road, Sherwood Forest, MD 21405

www.sfcamp.org

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Senior, 2nd Year	12.31.00	12.31.01

Sherwood Forest Camp Health History Form

Date: ___/___/___

Male / Female

Camper's Name: Last, First, Middle

Date of Birth

Camp Group

Year that camper first attended Sherwood Forest Boys & Girls Summer Camp.

Emergency Contact Information (If Guardian, please additionally supply parent contact information.)

Parent/Guardian names: _____ Daytime phone _____

Evening Phone: _____ Cell Phone _____ Email _____

Relative/other emergency contact _____ Phone _____

I hereby give Craig Whiteford, Camp Director permission to consent to treat for medical emergency in the event the parent/guardian cannot be reached.

Signature of Parent/Guardian

Printed Name

Date

Health Insurance Company _____ ID # _____

REQUIRED BY STATE OF MARYLAND REGULATIONS

Name of Primary Care physician _____ Phone _____

Date of last tetanus or DPT, DtaP, TD, MCV - document with last immunization date ___ / ___ / ___

Health information (Check any that apply and note any further information)

<input type="checkbox"/> Good general health	<input type="checkbox"/> Asthma	<input type="checkbox"/> Allergy (food) _____
<input type="checkbox"/> Prescription medication	<input type="checkbox"/> Inhaler	<input type="checkbox"/> Allergy (medicine) _____
<input type="checkbox"/> Non-prescription medication	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Allergy to bee stings/other _____
<input type="checkbox"/> Head injury/concussion/seizure	<input type="checkbox"/> Behavioral issue	<input type="checkbox"/> Epi Pen ___ Office ___ Field
<input type="checkbox"/> Cancer	<input type="checkbox"/> Genetic disorders	<input type="checkbox"/> Significant mental health condition
<input type="checkbox"/> Circulatory/blood disorder	<input type="checkbox"/> Cardiac disorder	<input type="checkbox"/> Other health condition

Explanatory notes: _____

Any Camper with "Severe Food Allergies" which requires an EPI Pen is "REQUIRED" to have their own parent provide their own child's snack daily if they require an "EPI PEN EITHER IN THE OFFICE OR THE FIELD." It is also highly recommended that parents of Campers with food allergies not requiring an Epi Pen also provide their own snack to ensure the safety of your Camper. All campers must be current on all immunizations, unless they provide a written statement from either a licensed physician indicating that the immunization is **medically contraindicated**, or from the parent/guardian indicating that they object to immunizations for **religious reasons**. Anyone claiming exception for religious reasons must provide a signed copy of the Maryland Health and Mental Hygiene Immunization Certificate.

My child is currently enrolled in a Maryland school, public or private, and has all required immunizations **Yes No**

School name: _____

ALL CAMPERS ATTENDING A MARYLAND SCHOOL (either Public or Private) MUST INCLUDE an Immunization record yearly from Pre-Playground thru 2nd Year Playground (or until the child is 5 years of age). FROM NIT THRU 2ND YEAR SENIOR or (from age 6 on), if your child has previously attended Sherwood Forest Camp, you ONLY NEED to provide an UPDATED IMMUNIZATION RECORD if your child has received additional immunizations in the past year. IF IT IS YOUR 1ST YEAR AT SHERWOOD FOREST CAMP EVEN IF YOU ATTEND A MARYLAND SCHOOL, a copy of your child's immunization records must be attached so that the Camp has a baseline copy. All other Campers that DO NOT attend a Maryland School, either (OUT OF COUNTRY, HOME SCHOOLED, OR OUT OF STATE) MUST have a current immunization record attached and signed by a physician - or, a religious objection form that is up to date.

If you reside in a High Risk Country and/or were born in a country that is high risk for Tuberculosis and plan to attend Camp, it is now acceptable to have a PPD Skin Test performed in the United States OR in a U.S. Military facility abroad. Evidence in writing of the tuberculin test implanted and read within 48 hours, (test results in mm) is required for every camper prior to starting camp. If a PPD Test is positive, typically a Physician will recommend a Chest X- Ray and even if the X- Ray is negative, may recommend Drug Therapy as well.

No, my child did not receive additional immunizations this year, they are up to date.

Yes, my child received additional immunizations this year.

Sherwood Forest Boys & Girls Camp 2017
Parental Request to Administer Medication at Camp
FOR COMPLETION BY PARENT / GUARDIAN

Name of Camper _____ Date of Birth ____ / ____ / ____

In compliance with COMAR 10.16.07 and in order for my child to receive medication at Camp, I agree to the following: **ALL PRESCRIPTION AND NON-PRESCRIPTION MEDICATION** MUST HAVE A PHYSICIAN'S SIGNED ORDER FULLY COMPLETED FOR EACH MEDICATION EVERY CAMP SEASON. **THE PRESCRIPTION MEDICATION** WILL BE IN A CONTAINER LABELED BY THE PHARMACIST, OR PHYSICIAN WITH: NAME OF CHILD, NAME OF PHYSICIAN, NAME OF MEDICATION, PRESCRIPTION DATE AND EXPIRATION DATE, DOSAGE, ROUTE AND TIME OF ADMINISTRATION, AND CONDITIONS FOR PROPER STORAGE. **NON-PRESCRIPTION MEDICATION** WILL BE IN THE ORIGINAL CONTAINER WITH THE LABEL INTACT. THE CONTAINER WILL BE LABELED WITH THE CAMPER'S NAME SO AS NOT TO OBSCURE THE MEDICATION LABEL.

PLEASE BE ADVISED THAT ONLY THE CAMP NURSE OR PARENT CAN ADMINISTER OVER THE COUNTER MEDICATIONS AS WE CURRENTLY DO NOT HAVE MEDICATION TECHNICIANS AT THE CAMP. Medications will be brought to Camp by an adult. The physician will be called if a question arises about your child's medication. The first dose of any medication (except an Epi Pen) should have been given prior to starting camp without any problem. A Camper may receive only one dose per illness. A licensed health practitioner must approve the medication and dosage for more than one dose.

I have read the above conditions and accordingly request that Sherwood Forest Boys and Girls Camp health personnel administer the medication as prescribed by the below physician. I certify that I have legal authority to consent to medical treatment for the Camper named above, including the administration of medication at Camp.

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____

Print Parent Name _____ Relationship to Camper: _____

Phone Contact home: _____ Work: _____ Cell: _____

Physician's Signed Order for Medication at Camp
FOR COMPLETION BY PHYSICIAN
(A prescription label does not suffice for a signed physician's order.)

Diagnosis: _____

Name of Medication: _____

Dosage (mg, mL, tsp, # of puffs) _____ Route: _____

If PRN, for what symptoms? _____ How often? _____

List any specific precautions that health personnel should be aware of, or any unusual effect that might be observed.

Camper has allergies to the following medications: _____

Services should begin (Date) ____ / ____ / ____ and terminate (Date) ____ / ____ / ____

FOR INHALER, EPI-PEN (check one)

_____ It has been determined that this Camper is able to self-administer and carry inhalant medication, and / or Epi-Pen, and has been trained in its use, including knowing when the medication is to be used.

_____ This Camper should not self-administer inhalant medication, and /or Epi-Pen.

Physician's Signature (Original, no stamp) _____(Date) ____/____/____

Address:

Telephone Number:

Sherwood Forest Boys & Girls Camp
134 Sherwood Forest Road
Sherwood Forest, MD 21405

March 1, 2017

Dear Parent or Guardian,

The Sherwood Forest Boys & Girls Camp is regulated by the State of Maryland. Maryland has new immunization requirements for children entering Maryland schools and our Camp. The new specific requirements are:

- All students entering kindergarten (age 5) must have had TWO varicella vaccinations.
- All students entering 7th grade (age 11) must have had one Tdap vaccination and one meningococcal vaccination.

These new requirements are in addition to the existing school & camp immunization requirements.

According to Maryland School Immunization Regulations (COMAR 10.06.04), to be allowed in school, students must be immunized according to the *Maryland Recommended Childhood Immunization Schedule*, attached.

You should work with your child's doctor to get his/her immunization record or the vaccinations that are missing. If you are unable to get an immunization appointment with your child's health care provider, call your local health department.

Sincerely,

Craig Whiteford
Camp Director
cwhiteford@mcdonogh.org
410-790-8488

Sherwood Forest Boys & Girls Summer Camp Parent Waiver

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: _____

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