



## 2018 CAMP ROCK SIBLING ADDENDUM

1607 Cromwell Bridge Road  
Baltimore, MD 21234  
[www.camprockmd.com](http://www.camprockmd.com)

Office Number: 410-665-7461  
Fax Number: 410-882-7163  
E-mail: [director@camprockmd.com](mailto:director@camprockmd.com)

Please carefully read through and complete this Sibling Registration Addendum. By signing this Sibling Registration Addendum, you are acknowledging that the following information and statements signed on your first child's Camper's Registration Form apply to the camper(s) listed below on this Camp Rock Sibling Addendum: Contact Information, Pick-Up Authorization List, Liability Release Statement, and Summer Camp Agreement.

Camper's Full Name: \_\_\_\_\_ Grade Fall 2018: \_\_\_\_\_ School: \_\_\_\_\_  
Camper's Nick Name: \_\_\_\_\_ M  F  Name of Registered Sibling(s): \_\_\_\_\_  
Camper's Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age in June: \_\_\_\_\_ Circle Camper's T-Shirt Size: YXS YS YM YL AS AM AL  
Camper's Siblings: \_\_\_\_\_

### CAMPER IMMUNIZATION INFORMATION

All campers must have current immunizations, see [www.EDCP.org](http://www.EDCP.org) (Immunization)

1. Date of Camper's last Tetanus (or DTP) shot: \_\_\_\_\_ month \_\_\_\_\_ year
2. Is the camper currently enrolled in a Maryland school, public or private?  
 YES, provide the name of the Maryland School: \_\_\_\_\_

Answering these questions will help our staff understand how to best meet your camper's needs.

Does the camper have any medical concerns or special needs?

- NO  
 YES, Please Explain: \_\_\_\_\_

Is the camper currently on medication? *If yes, Medication Authorization Form required.*

- NO  
 YES, Current Medications: \_\_\_\_\_

Does the camper have any allergies of any kind? *(Please complete food allergy checklist. Campers with food allergies have permission to bring their own lunch/snacks)*

- NO  
 YES, Allergies: \_\_\_\_\_

Is Camp Rock and its' representatives authorized to administer first aid and/or approve medical treatment for the camper if necessary?

- NO  
 YES, Participant's Physician's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Is the camper covered by personal/family medical insurance?

- NO  
 YES, Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Is your camper allowed to have sunscreen applied by our Camp Rock staff?

- NO, my camper is allergic to the following brand of sunscreen: \_\_\_\_\_  
 YES, all brands of sunscreen can be applied to my camper.

By signing below, I affirm that I am the legal parent/guardian of the child listed on this form. I authorize Camp Rock and its' representatives to administer First Aid and/or take my child to a medical facility for treatment. I understand that I am responsible for any medical or dental costs not covered by my insurance. I acknowledge the risk of physical injury to my child associated with participation in any and all activities at Camp Rock, or wherever they may take place. I accept personal financial responsibility for any bodily or personal injury sustained or associated with any and all activities at or sponsored by Camp Rock. Further, I agree to hold harmless Camp Rock and its' representatives for injury related to or sustained during all activities at Camp Rock. I understand that Camp Rock has a No-Refund Policy. Refunds will not be issued for any reason, including dismissal for behavioral problems. I understand that I am solely responsible for any and all legal fees and other fees arising from legal proceedings that I may pursue against Camp Rock or its' representatives. Lastly, I understand that my child's photograph may be used for promotional endeavors including but not limited to: magazines, brochures, fliers, web publications, and media.

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

Parent/Guardian's Printed Name: \_\_\_\_\_





# 2018 CAMP POOL SAFETY & LIABILITY FORM

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Please carefully read through and complete this form. Attach a wallet size photo of your child to this pool safety & liability form in the designated area. Our lifeguards will be provided with a copy of this form. The pool will be available for campers who are able to pass a swim test. Campers who are non-swimmers will not be permitted to use the pool. Non-swimming campers will have access to inflatable water activities outside of the pool area.

### Swimmer's Contact Information

Camper's Full Name: \_\_\_\_\_

Camper's Nickname: \_\_\_\_\_ M  F

Mother/Guardian's Name: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_

Camper's Home Phone: \_\_\_\_\_

Parent/Guardian Work Phone: \_\_\_\_\_

Mother/Guardian's Cell: \_\_\_\_\_

Father/Guardian's Cell: \_\_\_\_\_

Who Should Be Notified First in the Event of an  
Emergency? \_\_\_\_\_

Yrs. Camper Has Been Swimming? \_\_\_\_\_



### Camper Swim Assessment Results (Lifeguard will Complete)

Date Assessed	Passed	Failed	Swim Instructor's Signature	Notes

By signing below, I affirm that I am the legal parent/guardian of the child listed on this form. I authorize Camp Rock and its' representatives to administer First Aid and/or take my child to a medical facility for treatment. I acknowledge the risk of physical injury, drowning, or even death associated with swimming, swim lessons, and water activities. I accept personal financial responsibility for any bodily or personal injury sustained or associated with any and all activities at/or sponsored by Camp Rock. Further, I agree to hold harmless Camp Rock and its' representatives including staff, swim instructors, and lifeguards for injury related to or sustained during all activities at Camp Rock. I understand that Camp Rock has a No-Refund Policy. Refunds will not be issued for any reason, including dismissal for behavioral concerns. I understand that I am solely responsible for any and all legal fees and other fees arising from legal proceedings that I may pursue against Camp Rock or its' representatives.

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

Parent/Guardian's Printed Name: \_\_\_\_\_



## 2018 CAMP POOL HEALTH & SAFETY RULES

**Campers are expected to follow the Camp Rock Pool Health & Safety Rules at all times. All staff and campers must follow the Pool Health & Safety Rules or be excluded from the pool.**

### POOL HEALTH & SAFETY RULES

- All individuals using the pool must have a Pool Safety & Liability Form completed. This form will be kept in a notebook at the pool and maintained by the lifeguard. The form will include the swimmer's name, contact information, photograph, and swim test results.
- Campers may only swim when a lifeguard is present. Campers are never allowed in the pool area without being in the direct supervision of their counselor.
- All campers will be evaluated to assess their swimming ability. Swimmers must demonstrate that they are able to do the following:
  - Maintain upright balance in the water;
  - Swim the length of the pool and back without touching the bottom or side of the pool;
  - Tread water for 1 minute without touching the side or bottom of the pool.
- Campers who have passed the swimming test will be given a wristband. This wristband is to be worn at all times. Campers may not be in the pool without a wristband.
- Campers must follow the directions of the lifeguard(s) and staff at all times. Campers who do not follow the pool rules will be excluded from swimming in the pool.
- A buddy system will be in place to quickly account for all campers. All campers will be partnered with a swimming buddy. Buddy checks will be conducted every 15 minutes.
- Running, diving, jumping, pushing, roughhousing, and spitting water are PROHIBITED AT ALL TIMES!
- Campers may not get in the pool or use the water equipment with open wounds or sores. A first aid kit will be available at the lifeguard chair for injuries occurring in the pool area.
- Campers may not enter the pool with visible surface dirt, mud, or creams. Sunscreen should be applied and saturated into the skin before entering the pool. Campers may be asked to rinse before entering the pool.
- Campers may not use the bathroom in the pool. Please use the restroom facilities nearest the pool.

**I have read and understand the pool health & safety rules listed above. I agree to follow these rules at all times to ensure a safe pool environment. Parents may sign for minors.**

Signature of Participant/Swimmer: \_\_\_\_\_ Date \_\_\_\_\_

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

Parent/Guardian Printed Name: \_\_\_\_\_





## 2018 Summer Camp Agreement

- **School Close Date:** Camp Rock begins on June 11, 2018. Parents are responsible for knowing when their child's school system ends for the year when making enrollment selections. Camp Rock does not offer refunds for any reason.
- **Handbook:** Prior to the start of camp, each parent/guardian will receive a Camp Rock Handbook. It is the parent/guardian's responsibility to read the Camp Rock Handbook and be familiar with the contents.
- **Registration:** All applications are subject to approval. Submitting an application does not guarantee placement or availability in the camp.
- **Attendance & Lateness:** There is no proration of fees for excused or unexcused absences during the camp season. **Lateness Policy:** There will be a flat rate of \$20 for campers picked up late between 4:31-4:45 p.m. After this time, there is a \$1 per minute fee for families who are late to pick up their child from camp. Cash or credit payment is due upon picking up your child. **New!!** Parents may purchase a "Late Pass" for \$20 which gives them one lateness up to 30 minutes. If the card is not used, it may be returned at the end of camp for a refund.
- **Conduct:** We expect all campers to adhere to the Camp Rock standards of conduct. Any ongoing disregard of our standards of conduct may result in progressive disciplinary action, up to and including disenrollment. Camp Rock does not offer refunds for any reason.
- **Health:** No child will be permitted to attend camp without fully completing a Camper Health History Form. I have signed and agree to the medical and liability release statement within this registration packet authorizing Camp Rock and its' representatives to administer First Aid and/or take my child to a physician or hospital for emergency treatment in the event that it becomes necessary.
- I understand that I must pay in full by May 15, 2018 or enroll in the Camp Rock Financing Program (CRFP) for weekly or bi-weekly tuition debits from a checking or savings account at the time of registration to secure my child's placement in camp. I understand that there is a fee for financing camp tuition through the Camp Rock Financing Program. I understand that I must select the weeks my child(ren) will attend camp at the time of registration. Requests to add weeks must be submitted at least 2 weeks in advance in writing and are subject to availability. I understand that I am responsible for all late fees and NSF (non-sufficient fund) fees should they incur on my account.
- I understand that if I do not pay in full or enroll in CRFP by May 15, 2018, my child's enrollment in Camp Rock will no longer be reserved.
- I understand that Camp Rock has a no-refund policy and that tuition or registration will not be pro-rated for days or weeks absent from camp. I understand that non-payment of tuition will result in late charges and dismissal from the camp.

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

Please Print Parent/Guardian's Name Here: \_\_\_\_\_



Camper's Name: \_\_\_\_\_

### 2018 CAMPER FINANCIAL WORKSHEET & AGREEMENT

#### Package Selection (Please select your weekly package)

- Regular Camp Rock Hours 8:00 a.m. to 4:30 p.m. Extended Care services can be added to any package.
- Full time campers enroll for a minimum of five weeks and pay the lowest tuition rates. Part time (2-4 week) sessions are available. There is a minimum enrollment of two weeks. We do not offer one week of camp.
- All families are responsible for a \$50 registration fee.

#### Choose Your Package (check to select) Full Time Rate/Part Time

- Standard "Like It" Package \$210/\$235 wk.
- Deluxe "Love It" Package \$240/\$265 wk.
- Premium "Got to Have It" Package \$275/\$300 wk.

#### Extended Care Services (check to select)

- Before Care Only \$20/wk. (7:00-8:00 a.m.)
- After Care (1 Hr.) \$20/wk. (4:30-5:30 p.m.)
- After Care (2 Hr.) \$40/wk. (4:30-6:30 p.m.)

### CAMPER FINANCIAL WORKSHEET

**\* A separate Camper Financial Worksheet must be completed for each sibling.**

WEEKLY TUITION PACKAGE RATE:			
<input type="checkbox"/> Tuition Package	\$ _____	X _____	Weeks = \$ _____
<input type="checkbox"/> Split Package (if applies)	\$ _____	X _____	Weeks = \$ _____
<input type="checkbox"/> Before Care	\$ 20 _____	X _____	Weeks = \$ _____
<input type="checkbox"/> After Care (1 Hr.)	\$ 20 _____	X _____	Weeks = \$ _____
<input type="checkbox"/> After Care (2 Hr.)	\$ 40 _____	X _____	Weeks = \$ _____
<input type="checkbox"/> Camper "Go Pass"	\$ 10 _____	X _____	Weeks = \$ _____
<input type="checkbox"/> Other:	\$ _____	X _____	Weeks = \$ _____
<b>Tuition &amp; Additional Services Total: (+) \$ _____</b>			
<b>Registration Fee (\$50 Returning Families/ \$75 New Families): (+) \$ <u>\$50 or \$75</u></b>			
<b>Subtotal of Tuition &amp; Registration Fees Due \$ _____</b>			
<b>Sibling Discounts &amp; Referral Special: (-) \$ _____</b>			
<b>Total Tuition &amp; Registration Fees Due: \$ _____</b>			
<b>Payment Type:</b> CASH CHECK CREDIT <b>Date:</b> _____ <b>Payment Received: (-) \$</b> _____			
<b>Total Balance Remaining: \$ _____</b>			

I understand that failure to pay in full or enroll in CRFP will forfeit my child's space in Camp Rock. I understand that Camp Rock does not offer refunds for any reason. Declined credit card transactions or declined CRFP payments will result in late fees and my child's dismissal from camp. Full payment will be required for consideration of camper reinstatement. Families are responsible for all banking and returned check fees for declined payments.

**Parent's Signature:** \_\_\_\_\_ **Date of Registration:** \_\_\_\_\_

#### **PAYMENT: Full payment or CRFP (Camp Rock Financing Plan) enrollment due before May 15, 2018.**

- I have decided to enroll in the Camp Rock Financing Plan (CRFP).
- I will pay for camp in full on \_\_\_\_\_ (date) using the following acceptable form of payment:
  - Cash, Check or Money Order (# \_\_\_\_\_) (\$35 Returned Check Fee)
  - Debit or Credit Card (Please immediately process the card listed below). **Amount:** \$ \_\_\_\_\_

Type of Card (Please check): \_\_\_\_\_ MASTER CARD \_\_\_\_\_ VISA \_\_\_\_\_ DISCOVER \_\_\_\_\_ AMERICAN EXPRESS

Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ / \_\_\_\_\_ SEC # \_\_\_\_\_ Zip Code: \_\_\_\_\_

Billing Name on Card: \_\_\_\_\_ Billing Address: \_\_\_\_\_

**Cardholder's Signature:** \_\_\_\_\_ **Print:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE USE ONLY: Registration Verified by:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Payment Processed By:** \_\_\_\_\_