



# Registration Form

## Camper Information

Full Name of Camper: \_\_\_\_\_ Name Camper Goes By: \_\_\_\_\_  
 Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Current Grade: \_\_\_\_\_ Camper E-mail: \_\_\_\_\_ Group: \_\_\_\_\_  
 Cabin mate Request: \_\_\_\_\_ Cabin: \_\_\_\_\_

## Family Information

Parent/Guardian: _____	_____	_____	Camper Address
Mailing Address: _____	_____	_____	_____
City, State Zip: _____	_____	_____	_____
Home Phone: _____	_____	_____	_____
Cell Phone: _____	_____	_____	_____
Work Phone: _____	_____	_____	_____
E-mail Address: _____	_____	_____	_____
Relationship: _____	_____	_____	_____
Occupation: _____	_____	_____	_____
Employer: _____	_____	_____	_____

## Emergency Contact Information

Relationship: _____	_____	Home Phone: _____	_____
Name: _____	_____	Work Phone: _____	_____
Mailing Address: _____	_____	Cell Phone: _____	_____
City, State Zip: _____	_____	E-mail Address: _____	_____

SCC Activity Contact Photo Release T-shirt \_\_\_\_\_

## Activity Release Statement

1. During the course of our programs, participants will have the opportunity to participate in various activities that involve unusual risks. For example; participants may participate in a high and/or low ropes course activity with potential for slips and falls which could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more life threatening injuries. Participants may also participate in canoe and kayak trips, hikes, bike trips, outdoor games, and various other physical activities that present an unusually high risk for injury.

2. I understand that sometimes participants will be transported by Claggett vans or other vehicles to activities off campus by certified drivers according to the Claggett safety policies. I authorize participation in these activities.

3. I acknowledge that myself/my child's participation in activities while at Claggett entails known and unanticipated risks, which could result in physical or emotional injury. While particular rules, equipment, and personal discipline may reduce the risk, the possibility of serious injury does exist. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the activities.

4. On behalf of myself/my minor child, I expressly agree and promise to accept and assume all of the risks existing in these activities. I recognize that my/my child's participation in these activities is purely voluntary and I authorize his or her participation in spite of the risks.

5. I certify that I have adequate insurance to cover treatment of any injury suffered by me/my minor child while participating in adventure activities or else I agree to bear the costs of such injury myself.

By checking below, I hereby voluntarily release the Claggett Center, it's agents, lessees, owners, officer, volunteers, participants, employees and other persons or entities acting in any capacity on it's behalf from any and all claims, demands, or causes of action that are in any way connected with my/my minor child's participation in adventure activities.

I agree \_\_\_\_\_

By signing below I acknowledge that I have read and understand the above: \_\_\_\_\_



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## Sharing Personal Contact

If YES, you agree to share your name and contact information with other campers and staff for personal use only -- not for commercial use or sale. If NO, your personal information will not be shared, and you will not receive others personal contact information.

Yes \_\_\_\_\_  
No \_\_\_\_\_

## Photo Release:

I consent for Claggett Center to post pictures of me or my child on its website, Facebook, Social Media platforms, et cetera; and print materials; to market, promote and/or advertise camps or other Claggett Center programs.

Yes \_\_\_\_\_  
No \_\_\_\_\_

## Date Stamp

# OTHER INFORMATION

## T-Shirt Size:

Child - Small \_\_\_\_\_  
Child - Medium \_\_\_\_\_  
Child - Large \_\_\_\_\_  
Adult - Small \_\_\_\_\_  
Adult - Medium \_\_\_\_\_  
Adult - Large \_\_\_\_\_  
Adult - Extra Large \_\_\_\_\_  
Adult - XXL \_\_\_\_\_  
Adult 3XL \_\_\_\_\_

## Affiliated Agency (if any):

Agency Contact: \_\_\_\_\_

Agency Phone number: \_\_\_\_\_

Who will be picking you up at the end of the session? Please write their full name and phone number. If you are driving yourself, please write "self."  
- \_\_\_\_\_

## Denomination:

Baptist \_\_\_\_\_  
Catholic \_\_\_\_\_  
Episcopalian \_\_\_\_\_  
Lutheran \_\_\_\_\_  
Methodist \_\_\_\_\_  
Mormon \_\_\_\_\_  
Other \_\_\_\_\_  
Pentacostal \_\_\_\_\_  
Presbyterian \_\_\_\_\_  
Unitarian Universal \_\_\_\_\_

## Church/Chapter (if part of the Maryland Episcopal Diocese):

If not part of the Episcopal Diocese of Maryland, please list name of Church \_\_\_\_\_

## How did you hear about this program?

Advertisement \_\_\_\_\_  
Church \_\_\_\_\_  
Facebook \_\_\_\_\_  
Other \_\_\_\_\_



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Returning Camper \_\_\_\_\_  
Website \_\_\_\_\_  
Word of Mouth \_\_\_\_\_

## Special Challenge Medical Form

Camper Name: \_\_\_\_\_  
Date of Birth: (D/M/Y) \_\_\_\_\_  
Gender: \_\_\_\_\_

Male \_\_\_\_\_  
Female \_\_\_\_\_

Who has legal authority over medical decisions for this camper?  
self \_\_\_\_\_  
other - please specify below \_\_\_\_\_

If other, please provide the name and contact information of this person. \_\_\_\_\_

### List Two Emergency Contacts (Other than parent/guardian)

Full Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone Number \_\_\_\_\_

Full Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Name of Personal Physician: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Insurance Information Carrier: \_\_\_\_\_  
Plan #: \_\_\_\_\_

Policy #: \_\_\_\_\_  
Primary Insured: \_\_\_\_\_

General Health History (Please briefly describe, include any issues that may affect or limit full participation in camp): \_\_\_\_\_

### Allergies: Please check all that apply

Food \_\_\_\_\_  
Insect \_\_\_\_\_  
Medicine \_\_\_\_\_  
Other \_\_\_\_\_  
Plant \_\_\_\_\_  
No Allergies \_\_\_\_\_

Please explain allergies: \_\_\_\_\_

Do you have any dietary restrictions we should be aware of? Do you require food to be cut into small pieces? Please specify below. \_\_\_\_\_

Date (month/date/year) of last Tetanus shot \_\_\_\_\_

Please explain any YES answers: \_\_\_\_\_

### Check which of the following Lotions and/or Ointments may be administered by the nurse?

Aloe Vera (after-sun care) \_\_\_\_\_  
Ammonia Inhalant (smelling salts) \_\_\_\_\_  
Antifungal Cream \_\_\_\_\_  
Anti-Itch Cream (ie Benadryl topical) \_\_\_\_\_  
Antiseptic Skin Cleanser \_\_\_\_\_  
Burn Cream \_\_\_\_\_



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- Calamine Lotion for itch/rash (ie Caladryl) \_\_\_\_\_
- Ear Drops for swimmer's ear \_\_\_\_\_
- Eye Wash \_\_\_\_\_
- First Aid Cream/Spray \_\_\_\_\_
- Hydrocortisone Cream \_\_\_\_\_
- Hydrogen Peroxide (wound cleaning) \_\_\_\_\_
- Isopropyl Alcohol \_\_\_\_\_
- Poison Ivy/Oak Itch Relief \_\_\_\_\_
- Triple Antibiotic Ointment \_\_\_\_\_

**Specify any additional needs. If you require mobility support, hygiene support, or other close one to one care, please provide specifics.**

**Do you have a history of seizures?**

Yes \_\_\_\_\_  
No \_\_\_\_\_

**Do you have a history of sleep apnea?**

Yes \_\_\_\_\_  
No \_\_\_\_\_

**Do you require plastic sheets?**

Yes \_\_\_\_\_  
No \_\_\_\_\_

**Camper needs assistance/ supervision with the following (check all that apply):**

- navigating campus without getting lost or confused \_\_\_\_\_
- regulating when they take a break (ex. returning to dorm to nap) \_\_\_\_\_
- returning to group when ready \_\_\_\_\_

**Do you have any physical/ mobility limitations? Check all that apply.**

- uses walker \_\_\_\_\_
- wheelchair - require shower transfer bench \_\_\_\_\_
- wheelchair - electric or self operate \_\_\_\_\_
- wheelchair - needs to be pushed at all times \_\_\_\_\_
- requires handlebar for toilet \_\_\_\_\_
- requires shower seat \_\_\_\_\_
- needs assistance with balance getting in and out of shower \_\_\_\_\_
- needs assistance with balance getting on or off toilet \_\_\_\_\_
- needs step-free accommodations \_\_\_\_\_
- balance stability issues or fall risk \_\_\_\_\_
- other - please specify \_\_\_\_\_

**If other, please provide details below.**

**Any special hygiene needs?**

Yes \_\_\_\_\_  
No \_\_\_\_\_

**Do you require assistance shaving? If YES, you must bring an electric shaver to camp. Counselors will help campers shave 1 to 2 times during the week. We cannot assist with handheld razors.**

Yes \_\_\_\_\_  
No \_\_\_\_\_

**Special medical equipment? (CPAP, Nebulizer, Inhaler, other)**

Yes \_\_\_\_\_  
No \_\_\_\_\_

**Please provide details on any of the above:**

**Are you prone to any of the following? Check all that apply.**

Bed Wetting \_\_\_\_\_



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- Colds or Fever \_\_\_\_\_
- Headaches \_\_\_\_\_
- Menstrual Cramps \_\_\_\_\_
- Nightmares \_\_\_\_\_
- Poison Ivy \_\_\_\_\_
- Sore Throats \_\_\_\_\_
- Sprains \_\_\_\_\_
- Stomach Aches \_\_\_\_\_
- Sunburn \_\_\_\_\_
- Swimmer's Ear \_\_\_\_\_
- Other \_\_\_\_\_

## Medications

List any medications to be dispensed at camp in the spaces provided below. All medications must be checked in with the health care provider at registration. All medications must be in their ORIGINAL containers with the conferee's name and dosage clearly visible. Medications must be given as per the directions on the prescription container.

### 1. Medication and Dosage

When should the medication be given?

\_\_\_\_\_

- Pre-Breakfast \_\_\_\_\_
- Breakfast \_\_\_\_\_
- Lunch \_\_\_\_\_
- Dinner \_\_\_\_\_
- Night \_\_\_\_\_
- Other \_\_\_\_\_
- As needed \_\_\_\_\_

If you checked "Other", please explain

### 2. Medication and Dosage

When should the medication be given?

\_\_\_\_\_

\_\_\_\_\_

- Pre-Breakfast \_\_\_\_\_
- Breakfast \_\_\_\_\_
- Lunch \_\_\_\_\_
- Dinner \_\_\_\_\_
- Night \_\_\_\_\_
- Other \_\_\_\_\_
- As needed \_\_\_\_\_

If you checked "Other", please explain

### 3. Medication and Dosage

When should the medication be given?

\_\_\_\_\_

\_\_\_\_\_

- Pre-Breakfast \_\_\_\_\_
- Breakfast \_\_\_\_\_
- Lunch \_\_\_\_\_
- Dinner \_\_\_\_\_
- Night \_\_\_\_\_
- Other \_\_\_\_\_
- As needed \_\_\_\_\_

If you checked "Other", please explain

### 4. Medication and Dosage

When should the medication be given?

\_\_\_\_\_

\_\_\_\_\_

- Pre-Breakfast \_\_\_\_\_



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Breakfast \_\_\_\_\_  
Lunch \_\_\_\_\_  
Dinner \_\_\_\_\_  
Night \_\_\_\_\_  
Other \_\_\_\_\_  
As needed \_\_\_\_\_

If you checked "Other", please explain  
**5. Medication and Dosage**  
When should the medication be given?

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Pre-Breakfast \_\_\_\_\_  
Breakfast \_\_\_\_\_  
Lunch \_\_\_\_\_  
Dinner \_\_\_\_\_  
Night \_\_\_\_\_  
Other \_\_\_\_\_  
As needed \_\_\_\_\_

If you checked "Other", please explain  
**6. Medication and Dosage**  
When should the medication be given?

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Pre-Breakfast \_\_\_\_\_  
Breakfast \_\_\_\_\_  
Lunch \_\_\_\_\_  
Dinner \_\_\_\_\_  
Night \_\_\_\_\_  
Other \_\_\_\_\_  
As needed \_\_\_\_\_

If you checked "Other," please explain.  
**7. Medication and Dosage**  
When should the medication be given?

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Pre-Breakfast \_\_\_\_\_  
Breakfast \_\_\_\_\_  
Lunch \_\_\_\_\_  
Dinner \_\_\_\_\_  
Night \_\_\_\_\_  
Other \_\_\_\_\_  
As needed \_\_\_\_\_

If you checked "Other," please explain.  
**8. Medication and Dosage**  
When should the medication be given?

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Pre-Breakfast \_\_\_\_\_  
Breakfast \_\_\_\_\_  
Lunch \_\_\_\_\_  
Dinner \_\_\_\_\_  
Night \_\_\_\_\_  
Other \_\_\_\_\_  
As needed \_\_\_\_\_

If you checked "Other," please explain.  
**9. Medication and Dosage**  
When should the medication be given?

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Pre-Breakfast \_\_\_\_\_



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Breakfast \_\_\_\_\_  
Lunch \_\_\_\_\_  
Dinner \_\_\_\_\_  
Night \_\_\_\_\_  
Other \_\_\_\_\_  
As needed \_\_\_\_\_

If you checked "Other," please explain.

## 10. Medication and Dosage

When should the medication be given?

Pre-Breakfast \_\_\_\_\_  
Breakfast \_\_\_\_\_  
Lunch \_\_\_\_\_  
Dinner \_\_\_\_\_  
Night \_\_\_\_\_  
Other \_\_\_\_\_  
As needed \_\_\_\_\_

If you checked "Other," please explain.

**Please Note: If your medication information/ schedule did not fit in the above section, please attach a full schedule for dispensing medication with instructions from your physician/ nurse.**

In case of emergency, I understand every effort will be made to contact parent / guardian / agency or emergency contact. In the event any of these people cannot be reached, I hereby give my permission for Claggett Center, the center's designee, or the Episcopal Diocese of Maryland to secure proper treatment, including hospitalization, surgery, anesthesia, or the administration of any medication, oral or injected. I agree to be responsible for all costs associated with such treatment.

Date

Signature