

# Sherwood Forest Boys & Girls Camp

134 Sherwood Forest Road, Sherwood Forest, MD 21405

March 1, 2010

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 2010. There are Maryland immunization reporting requirements for this year. Each parent is encouraged to take special notice of these requirements on the Health History form. Please complete all forms for each camper and mail them to: **Sherwood Forest Club, 134 Sherwood Forest Road, Sherwood Forest, Maryland 21405**. If the Camper is not the child or grandchild of a member, the attached Eligibility Affidavit must be completed by the member where the child will be residing while s/he is enrolled in Camp.

Registrations are due on or before June 1, 2010, with your check payable in full to the Sherwood Forest Boys and Girls 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, 2010. The camp groups for 2010 are in accordance with the below listed birthdates:

<b>Group</b>	<b>Born before:</b>
Pre-Playground	9-1-07
Playground, 1 <sup>st</sup> Year	9-1-06
Playground, 2 <sup>nd</sup> Year	9-1-05
NITS	9-1-04
Novice green	9-1-03
Novice white	12-31-02
Midget green	12-31-01
Midget white	12-31-00
Junior green	12-31-99
Junior white	12-31-98
Intermediate green	12-31-97
Intermediate white	12-31-96
Senior, 1 <sup>st</sup> Year	12-31-95
Senior, 2 <sup>nd</sup> Year	12-31-94

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, 2010. The fees for camp enrollment for the summer of 2010 are below. You will note that camp fees have not increased since 2007.

	<u>Full</u>	<u>Half*</u>	<u>Weekly</u>	<u>Daily</u>
<b>Pre-playground</b>	<b>\$520</b>	<b>\$375</b>	<b>\$160</b>	<b>\$45</b>
<b>All other camp groups</b>	<b>\$780</b>	<b>\$535</b>	<b>\$170</b>	<b>\$55</b>

*\* Applies to either the 1<sup>st</sup> or 2<sup>nd</sup> half season. Weekly rate applies to non-consecutive weeks that span both the 1<sup>st</sup> and 2<sup>nd</sup> 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.

William Moulden, Camp Director

# Sherwood Forest Boys & Girls Summer Camp Registration Form 2010

\_\_\_\_\_ Date

\_\_\_\_\_ **MALE** **FEMALE** \_\_\_\_\_  
 Campers Name: Last, First, Middle (Circle One) Date of Birth Camp Group

\_\_\_\_\_ Camper's Summer Address

\_\_\_\_\_ Camper's Winter Address (if different)

\_\_\_\_\_ Member's Name \_\_\_\_\_ Cottage # \_\_\_\_\_ Relationship

\_\_\_\_\_ Parent's Name (if different from Member's Name) \_\_\_\_\_ Phone contact numbers

\_\_\_\_\_ Email contact address (Used for emergency notifications & to push registration forms in 2011)

Enrolling for (**Circle One**)

**FULL**      **1<sup>st</sup>**      **2<sup>nd</sup>**      **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.

# 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 William B. Moulden, 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 Maryland State Regulations**

Name of Primary Care provider \_\_\_\_\_ Phone \_\_\_\_\_

## **Date of last tetanus or DPT, DtaP, DT, TD, immunization (REQUIRED)** \_\_\_\_\_

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

Good general Health

Asthma

Allergy (food/other)

Prescription Medication

Diabetes

Seizure

Other Medication

Behavioral issue

Significant mental health condition

Other chronic health condition

Explain: \_\_\_\_\_

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: \_\_\_\_\_

**IMPORTANT: Maryland has immunization requirements.** Every camper age 11 through 14 **who is not enrolled in a Maryland school, public or private, must send a copy of their immunization record** with their camp application (even if you had done so previously). The added vaccine requirements are HepB (3 doses) and Varicella /Chickenpox (1 dose if given before age 13 // 2-doses if given after age13). Physician documented history of chickenpox disease is acceptable in lieu of vaccine history. Disease history must specify month and year of immunizations.

The following requirements apply to all other campers. If your child **does not** attend a Maryland school (Washington DC, home schooled, out of state), **current immunization records signed by a physician must be attached.** If your child attended Sherwood Forest Camp previously and had provided the required immunization records in accordance with the above regulation, you need only to provide an updated immunization record for this upcoming camp season.

No, my child did not receive additional immunizations in the past year.

Yes, my child received additional immunizations and the records are attached.



# 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 of 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***

# Sherwood Forest Boys & Girls Summer Camp Parent Agreement

I have discussed the rules and regulations of the Sherwood Forest Club and the Sherwood Forest Boys and Girls Camp with my child, and the expectation that all campers will behave appropriately and abide by the Community and Camp rules and regulations.

I understand that should my child be dismissed from the camp program for failure to abide by the rules and regulations or any improper conduct prior to the end of the camp season, no part of the camp fees will be refunded.

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

***Complete and return this form with the Camp Registration Form and other required documents for camp enrollment to the Sherwood Forest Club Office***

# 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: \_\_\_\_\_