



Dear Parents:

The City of Frostburg Department of Parks and Recreation would personally like to welcome you to our 18th Annual Summer Day Camp program. The Summer Day Camp program is designed for children ages 5-12. It is sponsored by the City of Frostburg Department of Parks and Recreation and offers sports activities, nature activities, outdoor/adventure activities, theatre arts, music, dance, social activities, swimming, and field trips. It is our utmost intention "To create a safe and enjoyable environment for your child while at the camp." The department would further like to extend a warm welcome to all campers registered for the program and the parents/guardians of those children.

The Frostburg Summer Day Camp Program is now entering its 18th year of operation. The Summer Day Camp Program is designed to nurture the overall development of the child. We fully expect to create an environment in which each camper will derive physical, mental, emotional, and social benefits from recreation participation. Our goal is to leave each individual camper with positive memories that will last a lifetime. We will make every effort to provide necessary accommodations for individuals with disabilities so long as they do not present any undue hardship to the Day Camp program, the Day Camp staff, or fundamentally alter the nature of the Day Camp program or activities. Maryland law prohibits our day camp staff from administering medications to campers. As a result, if campers are not certified by a physician as capable of self-administration of a medication with supervision, we may be unable to accommodate the child in our day camp.

We have enclosed all of the necessary forms that you will need to complete in order to finalize your child's registration. These include a camper registration form, medical history form, emergency information form, video/picture permission form, and disability accommodation form, and other forms as required the State Dept of Health & Mental Hygiene. Please provide complete and accurate information regarding your child's personal information, medical history, emergency contacts, and disabling conditions. All registration forms must be returned to Frostburg City Hall (37 South Broadway.). Payment is due upon registration. Space is limited! Registrations will be accepted on a first come, first served basis with a maximum number of 30 campers per week. The mailing address for the Department of Parks and Recreation is P.O. Box 440, Frostburg, MD 21532.

The Summer Day Camp Program hours are from 9am - 4pm, Monday – Friday. Camp begins on Wednesday, June 12, 2024 (subject to change based upon the Allegany County Public School Schedule) and runs through Friday, August 9, 2024. Drop-off /pick-up will be at the new Frostburg Child Care Center located at 202 S Water St, Frostburg (next to the swimming pool bathhouse). We are looking forward to meeting you and your child! Please feel free to present all questions or concerns regarding the Summer Day Camp program to me, Brian Vought, Director of Parks & Recreation. I can be contacted by e-mail at [bvought@frostburgcity.org](mailto:bvought@frostburgcity.org) or by phone at 301-914-1788 (office).

Sincerely,

A handwritten signature in black ink that reads "Brian P. Vought".

Brian P. Vought  
Director of Parks & Recreation,  
City of Frostburg



# City of Frostburg

## Department of Parks & Recreation

### 2024 Summer Day Camp REGISTRATION FORM

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

Address: \_\_\_\_\_

\_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Male  Female

School: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Are we permitted to contact you by text message and/or email if necessary? Yes  No

Please provide necessary contact info below.

\_\_\_\_\_ Parent / Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone

\_\_\_\_\_ Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_ Email Address

\_\_\_\_\_ Parent / Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone

\_\_\_\_\_ Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_ Email Address

In case of an emergency, please contact:

1<sup>st</sup> Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Does the camper currently take medication? Yes  No

Does the camper possess any disabling conditions that may limit his/her ability to participate? Yes  No   
If yes, the parent/guardian must request and fill out a disability accommodation form.

Does the camper have any allergies? Yes  No

If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Child Responsibilities

The child must:

- 1) Obey camp rules as provided by the Camp Director or Camp Counselors.
- 2) Obey instructions given by the Camp Director or Camp Counselors.
- 3) Display a kind and respectful attitude toward other campers and staff.
- 4) Behave appropriately and avoid offensive, rude, and aggressive behavior.

### Parent Responsibilities

The parent must:

- 1) Provide transportation to and from camp for the child.
- 2) Drop off and pick up the child at specified arrival and departure times.
- 3) Keep the child in good hygiene and ensure that the child is wearing the appropriate clothing for camp each day.
- 4) Stay informed about the child's camp experience and support the disciplinary actions taken by camp staff.
- 5) Keep the staff informed of any changes in the physical or emotional health of the camper.
- 6) Be sure your child has eaten an adequate and healthy breakfast prior to arrival at Day Camp each day.

### Program Staff Responsibilities

The camp staff must:

- 1) Nurture the overall development of the child.
- 2) Ensure that all children experience the optimum level of achievement in every activity.
- 3) Provide the campers with new skills and knowledge in sports, nature, outdoor/adventure, theatre arts, music, dance, and social activities.
- 4) Create and maintain a fun and safe environment for the campers.

The Frostburg Department of Parks and Recreation is an equal opportunity recreation service provider. No child shall be discriminated against on the basis of race, color, religion, national origin, sex, sexual orientation, physical or mental disability in the full and equal enjoyment of the goods, services, facilities, privileges, advantages, and accommodations that the Frostburg Department of Parks and Recreation is able to provide.

I, the parent/legal guardian of the child named above, give my permission for him/her to participate in the City of Frostburg Department of Parks and Recreation Summer Day Camp Program. I assume all risks and hazards incidental to such participation including transportation to and from site. I do hereby waive, release, and hold harmless the sponsor of this program and the City of Frostburg from any claiming arising out of injury during this program.

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*Signature of Parent/Legal Guardian*

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*Date*

### **THE MISSION STATEMENT FOR THE FROSTBURG SUMMER DAY CAMP PROGRAM IS:**

**“To create a safe and enjoyable environment for youth during the summer months by offering structured, organized, and supervised recreational and educational activities in the City of Frostburg.”**

Parents are responsible for providing transportation to and from camp. Regular hours of operation are Monday through Friday, 8:30am - 4pm. We no longer have extended PM care. No supervision is scheduled before 8:30am or after 4:00pm. Therefore, a fee at the rate of \$5/per child after 15 minutes and every additional 15-minute period thereafter will be charged for parents who arrive late to pick up children. We understand that unavoidable situations may arise resulting in the late pick up of your child. If you know you are running late or will be running late, please call to notify camp staff as soon as possible.

Please indicate the week(s) your child will be attending camp. **Weekly/daily payments are accepted.** Our staffing numbers are based on the number of children attending the camp. Therefore, all fees must be paid at least one week prior to the dates your child is attending to allow for adequate staff scheduling. *Missed days that have been paid for will not be credited without a minimum of one week written notice to the Day Camp director prior to the missed day. Partial weeks are subject to the daily rate and are not eligible for the weekly rate if combined with other partial weeks.*

	<i>Weekly/ Daily*</i>		<i>Weekly/ Daily*</i>
Week 1 (June 12 – June 14)	<input type="checkbox"/> \$70/\$25	Week 6 (July 15- July 19)	<input type="checkbox"/> \$115/\$25
Week 2 (June 17 - June 21)	<input type="checkbox"/> \$115/\$25	Week 7 (July 22 – July 26)	<input type="checkbox"/> \$115/\$25
Week 3 (June 24 – June 28)	<input type="checkbox"/> \$115/\$25	Week 8 (July 29 – Aug 2)	<input type="checkbox"/> \$115/\$25
Week 4 (July 1 - July 3)*	<input type="checkbox"/> \$70/\$25	Week 9 (Aug 5 – Aug 9)	<input type="checkbox"/> \$115/\$25
Week 5 (July 8 – July 12)	<input type="checkbox"/> \$115/\$25		

*\* Weeks 1 & 4 have been shortened due to the short start-up week and the July 4<sup>th</sup> Holiday. The cost has been reduced to reflect the change.*

**We regret that breakfast will not be provided.** As a result, we must ask that all children eat an adequate, nutritional breakfast each morning prior to drop off to provide long lasting energy until lunch time. A **free lunch will be provided** this year through the ACPS lunch program. There will be a lunch menu posted each week at the drop off location to determine if the child would like to participate. If your child does not like the lunch choice on a certain day, he/she must bring a packed lunch for that day.

Please determine the total cost for your child’s attendance at camp.

Number of weeks \_\_\_\_\_ Add applicable costs listed above = \$ \_\_\_\_\_

Number of days (if not attending full weeks) \_\_\_\_\_ Add applicable costs listed above = \$ \_\_\_\_\_

**Total Cost: \$ \_\_\_\_\_**

*\*Camp registration is on a first come, first served basis and only a limited number of slots are available. Please return a check or cash for the appropriate amount for your child’s attendance at camp along with this registration form. Registration will not be confirmed until the appropriate funds are received by the Frostburg City Department of Parks and Recreation. At least 48-hours advance notice is required to receive a full refund for the following week(s). Due to staff scheduling requirements we will not provide partial week refunds.*



# City of Frostburg

## Department of Parks & Recreation

### 2024 Summer Camp CAMPER MEDICAL HISTORY INFORMATION FORM

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Are there any health problems including physical, cognitive, psychiatric, or behavioral problems of which we need to be aware?    Yes     No

If yes, please explain: \_\_\_\_\_

Are there any medications, dietary restrictions, allergies, or special needs that we must be aware of to ensure that your child's camp experience is positive?    Yes     No

If yes, please explain: \_\_\_\_\_

Please check appropriate box in accordance with the questions listed below. Leave blank questions of which you are unsure of an answer.

**Yes    No**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Has your child had a medical illness or injury since last check up or sports physical?     |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have an ongoing or chronic illness?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your child ever been hospitalized overnight?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your child had surgery?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your child currently taking any prescription or non-prescription medications?           |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your child currently using an inhaler?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child have any allergies?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your child ever passed out during or after exercise?                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your child ever been dizzy during or after exercise?                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your child ever had chest pain during or after exercise?                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your child ever had racing or skipped heartbeats?                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your child had high blood pressure or high cholesterol?                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your child ever been told he/she has a heart murmur?                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Has any family member or relative died of heart problems or of sudden death before age 50? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your child had a severe viral infection within the last month? (i.e. mononucleosis).   |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child have any current skin problems?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your child ever had a head injury or concussion?                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your child ever been knocked out, become unconscious, or lost his/her memory?          |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your child ever had a seizure?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child have frequent or severe headaches?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your child ever had numbness or tingling in arms, hands, legs or feet?                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your child ever had a stinger, burnner, or pinched nerve?                              |

- Has your child ever become ill from exercising in the heat?
- Does your child cough, wheeze, or have trouble breathing during or after activity?
- Does your child have asthma?
- Do you have seasonal allergies that require medical treatment?
- Does your child require or use any special protective or corrective equipment or devices?  
(i.e. knee braces, special neck roll, retainer for teeth, hearing aid).
- Has your child had any problems with his/her eyes or vision?
- Does your child wear glasses, contacts, or protective eyewear?
- Has your child ever had a sprain, strain, or swelling after injury?
- Has your child broken or fractured any bone, or dislocated any joints?
- Has your child been diagnosed with any physical, psychiatric, or behavioral condition? If yes  
please explain below.
- Does your child ever feel stressed out?
- Has your child had any other problems with pain or swelling in muscles, tendons, bones, or  
joints?

*If yes, please check appropriate box and explain below.*

- |                                    |                                  |                                    |                               |
|------------------------------------|----------------------------------|------------------------------------|-------------------------------|
| Head <input type="checkbox"/>      | Elbow <input type="checkbox"/>   | Hip <input type="checkbox"/>       | Foot <input type="checkbox"/> |
| Back <input type="checkbox"/>      | Forearm <input type="checkbox"/> | Upper leg <input type="checkbox"/> | Toes <input type="checkbox"/> |
| Chest <input type="checkbox"/>     | Wrist <input type="checkbox"/>   | Knee <input type="checkbox"/>      |                               |
| Shoulder <input type="checkbox"/>  | Hand <input type="checkbox"/>    | Lower Leg <input type="checkbox"/> |                               |
| Upper Arm <input type="checkbox"/> | Fingers <input type="checkbox"/> | Ankle <input type="checkbox"/>     |                               |

EXPLAIN ANY YES ANSWERS HERE: \_\_\_\_\_

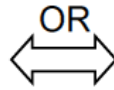
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IMMUNIZATION INFORMATION:

For campers who reside **within** the United States, a United States territory, or the District of Columbia:



For campers who reside **outside** the United States, a United States territory, or the District of Columbia:

1. State/territory in which child resides:

\_\_\_\_\_

2. Is this child exempt from any immunizations?  NO

YES, List them: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. Country in which child resides:

\_\_\_\_\_

2. Attach Department form DHMH-896 (record of vaccination or immunity)

*\*Exempt to include allergic to vaccine and has not received.*

**\* Immunization Form DHMH-896 can be found at the following link - <https://bit.ly/3dNGHVq>**

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

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



# City of Frostburg

## Department of Parks & Recreation

### 2024 Summer Camp EMERGENCY INFORMATION FORM

**Child's Legal Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

**Home Phone Number:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Name of Mother/Guardian:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Name of Father/Guardian:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Child Lives With:** Mother  Father  Both  Other

**Name of Person Authorized to Drop Off and Pick Up Child (Daily):** \_\_\_\_\_

**Child's Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

IF PARENTS/GUARDIANS CANNOT BE REACHED, LIST TWO PERSONS THAT CAN BE CALLED IN CASE OF AN EMERGENCY:

**1<sup>st</sup> Emergency Contact (Parent or Legal Guardian):**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Home/Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**2<sup>nd</sup> Emergency Contact (Other than person listed above):**

**Name:** \_\_\_\_\_

**Home/Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes Frostburg Summer Day Camp staff to have your child transported to the hospital in the event it is deemed necessary by camp staff.**

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



# MEDICATION ADMINISTRATION AUTHORIZATION FORM

for Youth Camps in Maryland

Department of Health & Mental Hygiene (DHMH)  
Center for Healthy Homes and Community Services (CHHCS)  
(410) 767-8417 Toll Free 1-877-4MD-DHMH ext. 8417

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.

## I. PRESCRIBER'S AUTHORIZATION

1. CHILD'S NAME		2. DATE OF BIRTH ____/____/____ Month Day Year	
3. CONDITION FOR WHICH MEDICATION IS BEING ADMINISTERED:		4. EMERGENCY MEDICATION [ ] YES <b>-If yes, see Section III below.</b> [ ] NO	
5. MEDICATION NAME	6. DOSE	7. ROUTE	
8. TIME/FREQUENCY OF ADMINISTRATION		9. IF PRN, FREQUENCY	
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 <b>NOT TO EXCEED 1 YEAR.</b>		12a. FROM ____/____/____ Month Day Year	12b. TO ____/____/____ 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. <b>PRESCRIBER'S SIGNATURE (Parent/guardian cannot sign here)</b> <small>(ORIGINAL SIGNATURE OR SIGNATURE STAMP ONLY)</small>			14b. <b>DATE</b>

## 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. <b>PRESCRIBER'S SIGNATURE</b> authorizing self-administration	16b. SELF-CARRY EMERGENCY MEDICATION (Check One) [ ] YES [ ] NO [ ] N/A - Not emergency medication	16c. <b>DATE</b>
17a. PARENT/GUARDIAN'S SIGNATURE authorizing self-administration	17b. SELF-CARRY EMERGENCY MEDICATION (Check One) [ ] YES [ ] NO [ ] N/A - Not emergency medication	17c. <b>DATE</b>







# City of Frostburg

## Department of Parks & Recreation

### 2024 Summer Camp DISABILITY ACCOMMODATION FORM

*\*This form must be completed if an IEP or 504 Plan has been developed for your child at school.*

It is the policy of the Frostburg Department of Parks & Recreation to offer opportunities for individuals with disabilities in our recreation programs in accordance with ADA rules and regulations. No child will be discriminated against, or otherwise treated unfairly due to a disabling condition. A disability is defined under the ADA as a condition which limits one or major life activities. The Frostburg Department of Recreation will make all reasonable attempts to accommodate and include individuals with disabilities in our recreation programs.

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Participating in:      Week 1     Week 2     Week 3     Week 4     Week 5   
                                 Week 6     Week 7     Week 8     Week 9

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Condition/Disability (*please explain limitations.*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has an Individualized Education Program (IEP) or 504 Plan ever been developed for the participant:  
Yes       No

If yes, can you provide a copy to us?    Yes       No

Accommodations required (*please explain in detail*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the participant require an inclusion companion?    Yes       No

Additional Information: \_\_\_\_\_



# *City of Frostburg*

## *Department of Parks & Recreation*

### PHOTOGRAPHY AND VIDEO RELEASE

The Summer Day Camp Program will be operating at several different sites within the Frostburg community. In order to maximize the visibility, understanding, and effectiveness of the Frostburg Department of Parks and Recreation services, we will be using technology in the form of video and photography in a variety of ways during the Summer Day Camp Program.

Periodically, photographs and video will be taken of the campers as they are actively participating in recreation activities. In addition, "camp highlights", which may include field trips, swimming pool experiences, camper recognition, camper achievement, and high levels of enjoyment, will be photographed or videotaped to preserve those special memories for the children themselves or future generations of campers. Furthermore, it is likely that campers and camp counselors will be organized in an informal manner for group photographs.

Photography and/or video may be used for the following purposes.

- 1) Camp staff at all levels may use video as a means to evaluate the quality of the experience provided.
- 2) Camp Counselors may use video as a tool for improving their recreation provision skills and abilities.
- 3) Camp Counselors may use video as a tool for improving camper's activity relevant skills and abilities.
- 4) The Frostburg Department of Parks and Recreation may use video and/or photographs as features in the establishment of its web site.
- 5) The Frostburg Department of Parks and Recreation may use video and/or photographs for its future promotional and marketing efforts.
- 6) The Frostburg Department of Parks and Recreation may submit photographs to be published in the local newspaper.
- 7) Finally, the Frostburg Department of Parks and Recreation may offer video and/or photographs to the campers to help preserve memories and encourage reflection on their camp experiences.

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### Permission Statements

I give my child permission to be videotaped or have pictures taken while involved in the activities and events related to the Summer Day Camp Program.

I do not give my child permission to be videotaped or have picture taken while involved in the activities and events related to the Summer Day Camp Program.

CHILD'S NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## Frostburg Summer Day Camp Sunscreen Application Policy

1. All parents are required to complete and sign the Sunscreen Application Authorization for each child attending camp in accordance with state regulations.
2. Day Camp staff is not permitted to assist in the application of sunscreen on campers unless written approval is given by a Sunscreen Application Authorization form that has been completed and signed by the parent/guardian. If reapplication is necessary, it should be done according to the instructions written on the sunscreen container and applied in accordance with the Frostburg Summer Day Camp Sunscreen Application Policy.
3. Campers will be encouraged to apply sunscreen to themselves. Day Camp staff, if authorized by the parent, will assist with application only if it is spray sunscreen due to Covid-19.
4. Sunscreen must be provided by the parent/guardian and should be a type that can be used by the camper with little assistance. The sunscreen provided will be logged in by camp staff in the sunscreen log and will have the camper's name written on it in permanent marker. If a parent/guardian has more than one child attending camp and those children will be sharing the same container of sunscreen, we will list the names of all the children on the container of sunscreen to be used.
5. The Sunscreen Log will be kept at the camp site and it contain the following information:
  - Camper's Name
  - Brand of Sunscreen
  - SPF of sunscreen
  - Expiration date of sunscreen
  - Date received
  - Final disposition of sunscreen (date it was emptied/replaced/returned)

The sunscreen application policy listed above is required by the State of Maryland Department of Health & Mental Hygiene. If you are unable to provide sunscreen for your child, please notify the Day Camp Director so other arrangements can be made to prevent sun overexposure.

## Frostburg Summer Day Camp Sunscreen Application Authorization

In accordance with requirements by the Maryland State Department of Health and Mental Hygiene, we must obtain authorization from a parent/guardian to permit the application of sunscreen on campers. However, due to COVID-19 please note that camp staff will ONLY provide assistance in the application of SPRAY SUNSCREEN. Camp staff will no longer help campers apply sunscreen lotion. Parents/guardians must also list the brand/brands of sunscreen permitted to be used, and approve/deny camp staff to assist with the application of sunscreen. As directed by the new State requirements (listed above), we encourage parents to apply sunscreen to their child prior to sending him/her to camp for the day.

Name of Child: \_\_\_\_\_

If any brand of sunscreen is acceptable please check box

Please only use the following brand/brands of sunscreen: \_\_\_\_\_

\_\_\_\_\_

Minimum SPF of sunscreen to be used on your child : \_\_\_\_\_

Do you authorize day camp staff to assist your child with the application of sunscreen?

YES       NO

I have read and understand the information regarding sunscreen application. As the parent/guardian of the child listed above, I authorize the use of sunscreen on my child, in accordance with the procedures noted above.

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

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

## Personal Electronic Device Policy:

While we **HIGHLY** discourage campers from bringing electronic devices to camp. Most of our will be spent outside, however campers are discouraged from sharing items with each another. With that being said, we will allow campers to bring electronic devices. However, neither the City nor Day Camp staff will be held liable for any potential damage to, or loss of any electronic device your child brings to day camp. Again, we will be outside all day so there will be no "safe" space for the device to be stored when not in use. The device will also travel in your camper's book bag with us to the pool. By signing below, you acknowledge that the City of Frostburg and it's summer Day Camp staff will not be liable for any potential damage to or loss of any electronic device your child brings to day camp.

Print Parent/Guardian Name:

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Parent/Guardian Signature:

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## **FROSTBURG SUMMER DAY CAMP**

### **CAMPER BEHAVIOR POLICY**

#### **Philosophy**

Campers have a responsibility to conduct themselves in a manner that is in the best interests of the camp program, its campers, and the staff. Parents/Guardians have a responsibility to discuss the Camper Behavior Contract with their camper(s), as we want to make all camper experiences a positive one. The Frostburg Day Camp staff has a responsibility to support your child in the camp setting, be a role model and to follow all safety protocols, including behavior management.

#### **What will happen when this contract is violated?**

If an incident occurs where a child conducts himself/herself in such a manner which jeopardizes their safety, the safety of others, or is not in accordance with the rules of the Frostburg Day Camp, the following steps will be taken:

- **1st Violation:** A staff member will address and document the issue directly with the child. The child may be removed from an activity for the day, such as swimming, free time, etc. Parents will be contacted during the day or at the end of camp depending on the time and severity of the incident. Parents must sign the character contract at time of pick-up.
- **2nd Violation:** A staff member will address and document the issue directly with the child. The parent or guardian will receive a phone call and may be asked to pick up their child within the hour. The child may or may not be allowed to attend camp the next day that he/she is registered for. Parents must sign the character contract at the time of pick-up.
- **3rd Violation:** A staff member will address and document the issue directly with the child. Parents may be contacted immediately to pick up their child from camp. The child may be suspended for the day or week that he/she is registered for depending on the severity of the incident. Parents must sign the character contract at the time of pick-up.
- **4th Violation:** Child will be dismissed from camp for the remainder of the program.

\*Please Note: We reserve the right to dismiss your child from the program immediately if at any time we deem unsafe placement due to camp environment; physical, emotional, or other harm to themselves, other children, and/or staff.

## **CAMPER BEHAVIOR CONTRACT Parents/Guardians:**

Please review the following behavior contract with your child. Ensure that they understand the expectation that they adhere to the terms of the contract at all times while at the Frostburg Summer Day Camp Program.

### **Camp Character Code**

Developing and displaying positive character values is very important to the Frostburg Summer Day Camp Program. Caring, Honesty, Respect and Responsibility is a large part of our commitment to offering a safe and exciting camp experience. It is imperative that our campers agree to live by our Camper Character Code while under our supervision.

**We CARE for ourselves and those around us.**

**We earn each other's trust through HONESTY.**

**We RESPECT each other and the environment.**

**We are RESPONSIBLE for our own choices.**

Each parent and camper must read and initial each of the statements below in acknowledgement of their agreement to abide by camp rules.

### **WHILE AT CAMP, I WILL:**

- Show respect and kindness to other campers and staff.
- Show responsibility by being helpful.
- Be honest with other campers and staff.
- Respect the property of camp and other campers.
- Respect other people's feelings and differences.
- Have fun and make it fun for others!

### **WHILE AT CAMP, I WILL NOT:**

- Fight, "rough house" or behave unsafely.
- Threaten or bully other campers.

- Use inappropriate language.
- Share/trade food with other campers.
- Take things or use things that don't belong to me.

I have read and understood this Camper Behavior Guidance Policy and the Camp Behavior Contract, and agree to follow camp rules and honor the Camper Character Code. I understand that failure to comply with these rules will have consequences, which may include, but are not limited to:

- Prohibition from participation in activities.
- One day dismissal from The Frostburg Summer Day Camp Program
- Permanent expulsion from The Frostburg Summer Day Camp Program

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**Parent / Guardian Signature**

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**Date**

**The following is for Day Camp Staff to fill out when necessary:**

<b>1st Violation (Date &amp; Incident):</b>	<b>Parent Signature &amp; Date:</b>
<b>2nd Violation (Date &amp; Incident):</b>	<b>Parent Signature &amp; Date:</b>
<b>3rd Violation (Date &amp; Incident):</b>	<b>Parent Signature &amp; Date:</b>
<b>4th Violation (Date &amp; Incident):</b>	<b>Parent Signature &amp; Date:</b>

## COVID-19 Volunteer Participation Agreement, Release and Waiver For City of Frostburg Summer Camps During 2024

As required for 2024 Frostburg Summer Day Camp participation I am aware of the risk of exposure to COVID-19, I voluntarily accept, acknowledge my agreement, and will follow, as parent or guardian on behalf of my child, the following conditions or requirements:

1. Based on the COVID-19 virus, I verify that neither myself, my child, nor anyone living in my household has any underlying health condition making myself or my child particularly vulnerable to COVID-19, that neither myself, my child, nor anyone living in my household is showing any symptoms of COVID-19, including cough, shortness of breath or difficulty breathing, or at least two of the following: fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell. I accept, agree and acknowledge that the City may take the temperature of my child at any time. I accept, agree and acknowledge that if my child develops these symptoms during the Camp or I or my child or anyone in the child's household tests positive for COVID-19, my child will not be able to participate and the Camp may be closed at any time, without prior notice, in that event.
2. I verify that neither myself, my child, nor anyone living in my household has traveled outside the country during the last fourteen (14) days and will not do so during the Camp. I accept that if required by the Governor's Orders, my child must be quarantined if he or she has traveled outside the country during the last fourteen (14) days or does so during the Camp and that the City may deny my child's participation in that event.
3. I agree and accept the risk that the Camp could be closed at any time based on a person experiencing COVID-19 symptoms, including cough, shortness of breath or difficulty breathing, or at least two of the following: fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell, or anyone testing positive for COVID-19.
4. I accept, acknowledge and understand that the City and City staff will to the best of their ability require and enforce all applicable requirements which may assist in offering protection from the COVID-19 epidemic, as specified in the Center for Disease Control guidelines and including but not limited to social distancing, sharing of supplies, crafts and equipment, and cleaning and hand washing, but understand the atmosphere of the Camp may not allow perfect enforcement and assume the risk of my child's participation and waive and release the City from all claims and liabilities of any kind related to that participation or any requirement imposed on my child as the City and City staff make their best efforts to comply with the attached guidelines.

I understand the risk associated with day camp participation and hereby waive and release the City from all claims and liabilities of any kind arising out of my child's participation, including but not limited to illness, bodily injury, property damage, liabilities, losses, damages, fines, costs, fees, and expenses including attorney's fees and costs (at both any trial and appellate levels) arising out of or in any way connected to or relating to my or my child's participation. I understand that I am responsible for the insurance in case of any illness, harm or injury. I know, understand, and acknowledge that there are privacy risks associated with any online internet participation, and hereby assume any and all risks and hazards associated therewith, waive any claim against the City as to any safety or privacy concerns, and shall be solely responsible for my own participation and safe and reasonable use.

Furthermore, I understand that although safety precautions will be observed, the City, its employees or agents will not be responsible for any claim of any privacy violation through my online participation, or for any illness, harm or personal injury my child may sustain in participation at the event specified above.

I also consent to the City's use of any photographs, recordings, data, information and/or videotapes made of the event, whether through an online internet or virtual presentation or provided in person and I waive any privacy, ownership or copyright concern in any presentation or recording of my child at an event, on the internet online or in a virtual setting.

\_\_\_\_\_  
Parent/Legal Guardian Name

\_\_\_\_\_  
Name of Child Participating

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date