



# 2024 CAMP ROCK REGISTRATION PACKET

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: [office@camprockmd.com](mailto:office@camprockmd.com)

**Please carefully read and complete each page of this registration packet.  
Print and sign where appropriate. Please provide photos of individuals authorized to pick up your child(ren) from camp.**

## PACKAGE CHANGES FOR 2024!

**Please Note: Email is our primary form of daily communication. Please submit a valid email that is checked daily.**

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

Employer: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Who? \_\_\_\_\_

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

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

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

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

Primary Parent/Guardian Registering Camper:

Best E-mail Address: \_\_\_\_\_

\_\_\_ both parents \_\_\_ mom \_\_\_ dad \_\_\_ other: \_\_\_\_\_

Second E-mail: \_\_\_\_\_

Camper's Address: \_\_\_\_\_

Birthday \_\_\_/\_\_\_/\_\_\_ Age in June 2024: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Grade Fall 2024: \_\_\_ School: \_\_\_\_\_

Please Circle T-Shirt Size: YXS YS YM YL AS AM AL

Enrolled Siblings/Friends: \_\_\_\_\_

**How did you hear about Camp Rock? Please be specific.** \_\_\_\_\_

### Pick Up Authorization List

The following individuals have my permission to pick up my child from Camp Rock **(must have photo ID on file)**

Name	Relationship	Best Phone	Vehicle: (Color, Make, Model)

### Emergency Contact List

The following individuals have my permission to be contacted in the event of an emergency:

Emergency Contact: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_



# CAMPER HEALTH HISTORY & LIABILITY WAIVER

## CAMPER IMMUNIZATION INFORMATION

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

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. Date of Camper's last Tetanus (or DTP) shot: \_\_\_\_\_ month \_\_\_\_\_ year

## HEALTH & WELLNESS QUESTIONNAIRE

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

Does the camper have any medical concerns, special needs, emotional, physical, psychiatric or behavioral needs?

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

Is the camper currently on medication? *If yes, a Medication Authorization Form will need to be completed. Please note: We are unable to provide daily medication administration at camp.*

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

Does the camper have any allergies, or dietary restrictions of any kind? *If yes, please complete Food Allergy Checklist and Medication Authorization Form for your camper's allergy medications.*

- NO
- YES, Allergies or Dietary Restrictions: \_\_\_\_\_

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

- NO
- YES, Camper'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 Camp Rock camper registration, and that 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 or possibility of my child acquiring a communicable illness by participating in all activities at Camp Rock, or wherever they may take place, including off-site field trips. I accept personal financial responsibility for any illness, bodily or personal injury sustained or associated with all activities at/or sponsored by Camp Rock on or off-site. Further, I agree to hold harmless Camp Rock and its representatives for illness, injury related to or sustained during all activities at Camp Rock or during off site activities sponsored by Camp Rock or its partners. I understand that Camp Rock has a No-Refund Policy. Refunds will not be issued for any reason, including dismissal for behavioral concerns, health concerns, financial concerns, natural disasters, or national emergencies. I understand that I am solely responsible for all legal fees and other fees arising from legal proceedings that I may pursue against Camp Rock or its representatives. I understand that it is my responsibility to communicate about any individuals who may not be able to contact or pick up my child from camp and will provide the necessary documentation to explain any custody arrangements or protective orders. I consent to my child engaging at all activities offered by Camp Rock, including field trips off-site and the Camp Rock Adventure Course, Zip Line, & Giant Swing. 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 presentations.

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



# 2024 Camp Packages

- **Lunch:** Campers may purchase a Weekly Lunch Pass or bring their own lunch. Campers who pack a lunch will **not** be able to heat their food.
- **Camper Options:** Can be added to any package where not included
- **Registration Reduction:** Enroll in a minimum of six weeks or more to receive our lowest "Full-Time" registration rate! Part-Time sessions (2-5 Weeks) available for an additional rate of \$20 per week.



## 2024 FULL TIME CAMPER REGISTRATION OPTIONS



Look!! Premier Adventure Camp is our best value!

✓ Weekly Tuition Rate =Package Includes	<b>\$266/\$286</b> (6+ Week Rate)	<b>\$297/\$317</b> (6+ Week Rate)	<b>\$340/\$360</b> (6+ Week Rate)
<input type="checkbox"/> Daily Snack	✓	✓	✓
<input type="checkbox"/> Theme-Based Activities	✓	✓	✓
<input type="checkbox"/> Swimming & Water Activities	✓	✓	✓
<input type="checkbox"/> Summer Bridge Academics	✓	✓	✓
<input type="checkbox"/> Extended Day Care (7-8 a.m.) \$30 (4-6 p.m.) \$50	Add-On Option	✓ (\$80 Value)	✓ (\$80 Value)
<input type="checkbox"/> Weekly Specialty Class- \$15	Add-On Option	Add-On Option	✓ (\$15 Value)
<input type="checkbox"/> Camper "Snack Shack" Weekly "Go-Pass"- \$10	Add-On Option	Add-On Option	✓ (\$10 Value)
<input type="checkbox"/> Weekly Lunch Pass- \$35	Add-On Option	Add-On Option	✓ (\$35 Value)
<input type="checkbox"/> Field Trips- \$35+	Add-On Option	Add-On Option	Add-On Option
<input type="checkbox"/> <b>NEW:</b> Adventure Ropes, Giant Swing & Zip Line- \$30	Add-On Option	Add-On Option	Add-On Option



- **Weekly Specialty Class-** Campers may add a Specialty Class to their camp package. One class per week.
- **"Snack Shack" Weekly "Go Pass"-** This pass enables campers to receive discounted cold treats (snowballs) and a complimentary "standard" snack item from the "Snack Shack" each day.
- **Weekly Lunch Pass-** This pass provides campers with a daily lunch.
- **Field Trips-** Campers ages 6-11 will have the opportunity to attend select field trips. Space is limited.
- **Adventure Course-** Treetop canopy ropes course, zip line, & giant swing (Ages 6+)
- **Horsemanship-** Horsemanship may be added on select weeks for campers ages 6-11 yrs. (\$60/wk.)

**Camp Rock Enrollment Selections For:** \_\_\_\_\_

(Camper's Name)

**Directions:** Check the box for each week that your child will attend Camp Rock. Be sure to check the type of tuition package that you'd like for each week and any additional services. If your package includes **a weekly Specialized Activity Class, or you would like to add them a-la-carte, please select only ONE.** Specialized Activities are subject to minimum enrollment and availability. Please be sure to add additional services such as Field Trips, Horsemanship, or the Camp Rock Adventure Course. Specialty Classes and additional activities will occur for 30-45 minutes one time throughout the course of the week.

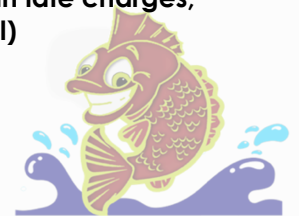
 <h2 style="text-align: center;">2024 Camp Rock</h2> <h3 style="text-align: center;">Mini-Sessions &amp; Weekly Themes</h3>					Martial Arts (\$15 PER WK)	Culinary Arts (\$15 PER WK)	Swim Lessons (\$15 PER WK)	Horsemanship (+\$60 PER WK)	Adventure Course (+\$30 PER WK)					
MINI SESSIONS	✓	WEEKLY THEMES & ENROLLMENT DATES	Select a Package Mix or Match!	Before/After Care	Select your specialty class & additional activities here! Field Trips, Horsemanship & the Adventure Course can be added with your camper package.									
Welcome to Camp	<input type="checkbox"/>	<b>Week 1:</b> June 10-14 Theme: "Exploring Outdoors" Trip: <i>No Field Trip</i>	<input type="checkbox"/> Premium <input type="checkbox"/> Extended <input type="checkbox"/> Standard	<input type="checkbox"/> BC <input type="checkbox"/> AC						<input type="checkbox"/>	<input type="checkbox"/>	n/a	n/a	<input type="checkbox"/>
Mini-Session 1: "EXPLORE & LEARN MORE"	<input type="checkbox"/>	<b>Week 2:</b> June 17-21 Theme: "All About Animals" Trip: Animal Adventure	<input type="checkbox"/> Premium <input type="checkbox"/> Deluxe <input type="checkbox"/> Standard	<input type="checkbox"/> BC <input type="checkbox"/> AC <input type="checkbox"/> Trip						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<b>Week 3:</b> June 24-28 Theme: "Creative Culinary" Trip: Turkey Hill Culinary Trip	<input type="checkbox"/> Premium <input type="checkbox"/> Deluxe <input type="checkbox"/> Standard	<input type="checkbox"/> BC <input type="checkbox"/> AC <input type="checkbox"/> Trip						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mini-Session 2: "CELEBRATE & INNOVATE"	<input type="checkbox"/>	<b>Week 4:</b> July 1-5 Theme: "Stars & Stripes" Trip: <i>No Field Trip</i>	<input type="checkbox"/> Premium <input type="checkbox"/> Deluxe <input type="checkbox"/> Standard	<input type="checkbox"/> BC <input type="checkbox"/> AC						<input type="checkbox"/>	<input type="checkbox"/>	n/a	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<b>Week 5:</b> July 8-12 Theme: "Innovative Inspiration" Trip: Museum of Industry	<input type="checkbox"/> Premium <input type="checkbox"/> Deluxe <input type="checkbox"/> Standard	<input type="checkbox"/> BC <input type="checkbox"/> AC <input type="checkbox"/> Trip						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mini-Session 3: "INVESTIGATE"	<input type="checkbox"/>	<b>Week 6:</b> July 15-19 Theme: "Super Scientists" Trip: Skates & Science	<input type="checkbox"/> Premium <input type="checkbox"/> Deluxe <input type="checkbox"/> Standard	<input type="checkbox"/> BC <input type="checkbox"/> AC <input type="checkbox"/> Trip						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<b>Week 7:</b> July 22-26 Theme: "Space is the Place" Trip: Air & Space Museum	<input type="checkbox"/> Premium <input type="checkbox"/> Deluxe <input type="checkbox"/> Standard	<input type="checkbox"/> BC <input type="checkbox"/> AC <input type="checkbox"/> Trip						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mini-Session 4: "FUN FOR EVERYONE"	<input type="checkbox"/>	<b>Week 8:</b> July 29- Aug 2 Theme: "Hurray for Holidays" Trip: Go Kartz & Golf	<input type="checkbox"/> Premium <input type="checkbox"/> Deluxe <input type="checkbox"/> Standard	<input type="checkbox"/> BC <input type="checkbox"/> AC <input type="checkbox"/> Trip						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<b>Week 9:</b> Aug 5- Aug 9 Theme: "Splish Splash" Trip: A Day on the Bay	<input type="checkbox"/> Premium <input type="checkbox"/> Deluxe <input type="checkbox"/> Standard	<input type="checkbox"/> BC <input type="checkbox"/> AC <input type="checkbox"/> Trip						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mini-Session 5: "CHEER & COMPETE"	<input type="checkbox"/>	<b>Week 10:</b> Aug 12- Aug 16 Theme: "Spectacular Sports" Trip: Sports Adventure	<input type="checkbox"/> Premium <input type="checkbox"/> Deluxe <input type="checkbox"/> Standard	<input type="checkbox"/> BC <input type="checkbox"/> AC <input type="checkbox"/> Trip						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<b>Week 11:</b> Aug 19- Aug 23 Theme: "Camp Spirit Week" Trip: Players Fun Zone	<input type="checkbox"/> Premium <input type="checkbox"/> Deluxe <input type="checkbox"/> Standard	<input type="checkbox"/> BC <input type="checkbox"/> AC <input type="checkbox"/> Trip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a	<input type="checkbox"/>					

Total # Weeks Selected: \_\_\_\_\_ Total # of Field Trips Attending: \_\_\_\_\_ Total # Specialty classes: \_\_\_\_\_  
 \*Please Note That Field Trips, Horsemanship, and the Camp Rock Adventure Course are available for campers ages 6+  
**Field Trips, Horsemanship, and the Camp Rock Adventure Course can be added to your camper's package a-la-carte.**

# 2024 Summer Camp Agreement

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

- **School Close Dates/Family Vacation & Activities:** Camp Rock begins on June 10, 2024. Parents are responsible for knowing when their child's school system ends for the year and knowing dates of vacation and other activities when making enrollment selections. Camp Rock does not offer refunds for any reason. \_\_\_\_\_(Initial)
- **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. Applying does not guarantee placement or availability in the camp. We request that families enrolling for the first time tour the campus prior to enrolling.
- **Attendance & Lateness:** All campers must arrive no later than 30 minutes after the 8:00-8:30 am camper drop-off time has ended. 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 not picked up by their assigned pick-up time. After 15 minutes, there is an additional \$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. \_\_\_\_\_(Initial)
- **Lunch:** I understand that I am responsible for providing lunch for my child daily if I have not purchased a weekly camper lunch pass. Camper's lunch bags/containers should be name labeled and packed with cooling aids, as well as easily manageable for your camper, and must be nut free. Camp Rock does not provide access to heating for lunch items. \_\_\_\_\_(Initial)
- **Conduct:** We expect all campers to adhere to the Camp Rock standards of conduct. Any severe or ongoing disregard of our standards of conduct may result in progressive or immediate disciplinary action, up to and including disenrollment. Camp Rock does not offer refunds for any reason including dismissal for behavioral concerns. \_\_\_\_\_(Initial)
- **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 if it becomes necessary. If my child becomes ill at camp, I will pick him/her up within 30 minutes of being contacted by camp staff. \_\_\_\_\_(Initial)
- I understand that I must pay in full by April 16, 2024, or enroll in the Camp Rock Financing Program (CRFP) for weekly or bi-weekly tuition payments at the time of approved 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 and submit a non-refundable deposit for those weeks. I understand that these selections may **NOT** be changed, transferred, or cancelled. Requests to add weeks will be based upon remaining space and must be submitted at least 2 weeks in advance in writing. I understand that I am responsible for all late fees and NSF (non-sufficient fund) fees should they incur on my account. Each failed transaction will result in a \$35 fee from Camp Rock in addition to fees your financial institution may charge. \_\_\_\_\_(Initial)
- I understand that if I do not pay in full or enroll in CRFP by April 16, 2024, my child's enrollment in Camp Rock will no longer be reserved. Any deposits or payments made will not be refunded. Payment plans must begin by 4/16/2024. If payment is made after this date, a two-week deposit is required. \_\_\_\_\_(Initial)
- 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, dismissal from the camp, and reporting to debt collection agencies. \_\_\_\_\_(Initial)





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

## 2024 CAMPER FINANCIAL WORKSHEET & AGREEMENT

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

- Regular Camp Rock Hours 8:00 a.m. to 4:00 p.m. Extended Care services can be added to any package.
- **Full time campers enroll for a minimum of six weeks and pay the lowest tuition rates.** Part time (2-5 week) sessions are available for an additional \$20 per week. There is a minimum enrollment of two weeks.
- All families are responsible for a registration fee (**\$50 Returning Families/ \$100 New Families**). There will be a 3% fee for credit/debit card transactions or recurring transactions.

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

- Standard "Camp Daily Adventure" Package \$266/\$286/wk.
- Deluxe "Extend My Day" Package \$297/\$317 wk.
- Premium "Premium Camp Day" Package \$340/\$360 wk.

### Extended Care Services (check to select)

- Before Care Only \$30/wk. (7:00-8:00 a.m.)
- After Care Only \$50/wk. (4:00-6:00 p.m.)

## CAMPER FINANCIAL WORKSHEET

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

<b>WEEKLY TUITION PACKAGE RATE:</b>			
<input type="checkbox"/> Tuition Package	\$ _____	X _____ Weeks	= \$ _____
<input type="checkbox"/> Weekly Lunch Pass	\$ 35	X _____ Weeks	= \$ _____
<input type="checkbox"/> Before Care	\$ 30	X _____ Weeks	= \$ _____
<input type="checkbox"/> After Care	\$ 50	X _____ Weeks	= \$ _____
<input type="checkbox"/> Camper Snack Shack "Go Pass"	\$ 10	X _____ Weeks	= \$ _____
<input type="checkbox"/> Camp Adventure Course	\$ 30	X _____ Weeks	= \$ _____
<input type="checkbox"/> Field Trips	\$ 35	X _____ Weeks	= \$ _____
<input type="checkbox"/> Horsemanship	\$ 60	X _____ Weeks	= \$ _____
<input type="checkbox"/> Specialty Classes	\$ 15	X _____ Weeks	= \$ _____
<b>Tuition &amp; Additional Services Total: (+) \$ _____</b>			
<b>Per Family Registration Fee (Circle: \$50 Returning Families/ \$100 New Families): (+) \$50 or \$100</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 I am financially responsible for the services calculated above. 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 my child's dismissal from camp and a \$35 failed transaction fee. Full payment may be required for consideration of camper reinstatement as well as any failed transaction fees.

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

**PAYMENT: Full payment or CRFP (Camp Rock Financing Plan) enrollment due before April 16, 2024.**

- I would like to request a Camp Rock Financing Plan Application (CRFP) for weekly or bi-weekly payments.
- I will pay for camp in full on \_\_\_\_\_ (date) using the following acceptable form of payment below:
  - Debit or Credit Card (Please immediately process the card listed below). **Amount to Process: \$ \_\_\_\_\_**

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: \_\_\_\_\_



## 2024 CAMP POOL SAFETY & LIABILITY FORM

1607 Cromwell Bridge Road Office Number: 410-665-7461  
 Baltimore, MD 21234 Fax Number: 410-882-7163  
[www.camprockmd.com](http://www.camprockmd.com) E-mail: [office@camprockmd.com](mailto:office@camprockmd.com)

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 not able to pass a swim test will not be permitted to use the pool. They 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?  
 \_\_\_\_\_

Years 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 illness, 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 illness or injury related to or sustained during all activities at Camp Rock or off-site during Camp Rock field trips. 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. I understand that my child's photo may be used for future camp promotions.

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

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



## 2024 CAMP POOL HEALTH & SAFETY RULES

*Camper's 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. 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 camp staff.
- 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 to access the full pool. Campers may not enter the pool area without the successful completion of a swim test.
- Campers must follow the directions of the lifeguard(s) and staff at all times. Campers who do not follow the pool rules will be prohibited 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 rashes, warts, 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 who are unable to sign.***

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

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

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

Our Campers' Safety Is Our Highest Concern!

