

2019 LAKESIDE DAY CAMP APPLICATION

Return completed application (Steps 1-11), special event waivers and permission slips, and all payments due for the first week of camp including camp tuition, special event fee, and optional meal ticket. Refer to PAYMENT DUE DATE SCHEDULE and CONDITIONS OF REGISTRATION for complete details. Registration is on a first-come first-serve basis. Submitting this form DOES NOT guarantee a space. Please use a separate application form for each child.

STEP 1

Child's last name _____ First name _____

Street or P.O. address _____

City _____ State _____ Zip _____ Phone _____

Grade completed as of June 2019 _____ Birthday ___ / ___ / ___ Age _____ Male or Female

How referred: Postcard _____ Internet _____ Friend's Name _____ Other _____

First Year Enrolled? Y / N Club Member: Y / N Member #: _____

Swim Level of camper if known: _____ Program where swim lessons were taken: _____

Code Word _____ Used by anyone who is picking up the child

STEP 2

PARENT INFORMATION

Parent/Guardian _____ Parent/Guardian _____

Address _____ Address _____

Phone (H) _____ Phone (W) _____ Phone (H) _____ Phone (W) _____

Cell phone _____ Cell phone _____

E-mail address _____ E-mail address _____

Attach
Current
Photo

STEP 3

CAMP FRIEND REQUEST

Must be the same age. Sorry, no guarantees. 1 _____ 2 _____

STEP 4

CAMPER HEALTH HISTORY

Emergency contact (not parent) _____ Phone (H) _____ (W) _____

Doctor _____ Phone _____

Date of last physical exam _____ Must be within the last 2 years // Info required by state

Insurance Carrier _____ Policy Number _____

CAMPER IMMUNIZATION INFORMATION

This information is required before registration is complete. Physician may fax the information to 443-279-1043.

All campers must be current on all immunizations, see www.EDCP.org (Immunization)

For campers who currently reside **within** the United States, a United States territory, or the District of Columbia: Does the camper have any immunization exemptions because of a parental or guardian objection or medical contraindication? NO

YES, List: _____

For campers who reside **outside** the United States, a United States territory, or the District of Columbia: Attach record of vaccination or immunity on Department from MDH-896

We encourage you to apply sunscreen to your child prior to arriving to camp every day.

Staff MAY assist my child in the application of the sunscreen.

Staff MAY NOT assist my child in the application of the sunscreen.

In the event my child does not have sunscreen, I authorize the purchase through Padonia Park Club, Banana Boat Kids Sport, UltraMist Spray, Broad Spectrum SPF 50+

Parent/Guardian Signature: _____

Health Information: Provide information on any health problems including physical, psychiatric, behavioral problems, medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive. Please note if your camper has a nut or peanut allergy and will require a peanut free table:

Any medication to be administered at Lakeside Day Camp MUST be accompanied by a Physician's Medication Administration Authorization Form

Schedule & Payment Receipt: you will be sent a confirmation letter of all payments and your child's camp schedule.

Please review carefully and call if you have any questions. 410-252-2046

Print Camper's Name: _____

A _____	G _____
# _____	WP _____
OFFICE USE ONLY	

Last Name

First Name

STEP 5 LAKESIDE DAY CAMP 2019 SCHEDULE

OFFICE USE ONLY

OFFICE ONLY	Week #	Date	Mon.	Tues.	Wed.	Thurs	Fri.	Adventure Camp Option	Meal Ticket Projected Y or N	TOTAL AMT. DUE	CAMP FEES	SPECIAL EVENT FEES	MEAL TIX	FOB \$5	TOTAL AMT. PAID	EMPLOYEE INITIALS	CHECK NO. CC or CASH	DATE REC.	ACCTING.	
		Write "Y" in each day attending																		
C A WL	1	6/10 - 6/14				Event \$5														
C A WL	2	6/17- 6/21		Event \$5																
C A WL	3	6/24- 6/28	Event \$25																	
C A WL	4	7/01- 7/05	Tie Dye Shirt Week \$5			CLOSED														
C A WL	5	7/08- 7/12			Event \$5															
C A WL	6	7/15- 7/19	Event \$5																	
C A WL	7	7/22- 7/26				Event \$5														
C A WL	8	7/29- 8/02			Event \$25															
C A WL	9	8/05- 8/09					Event \$5													
C A WL	10	8/12- 8/16		Event \$5																
C A WL	11	8/19- 8/23	Camp hours 8:00 am - 5:30 pm Limited Availability Time Incl. Before & After Care *Full week commitment required.																	

STEP 6 TRADITIONAL CAMP Complete steps 1-6, & 8-11 Certain dates have Special Events. Nominal activity fees must be included with regular camp payments. See "Waiver and Permission Slip" insert for Sky Zone trip week 8. Initial registration must be by mail or in person in Club Office.

STEP 7 ADVENTURE CAMP Complete steps 1-5 & 7-11 Full Week Commitment Ages 9-13 Write "Y" in Adventure Camp column and on each day of that week. If there is no "Y" in the Adventure Camp column, your child will be provided the Traditional Camp for their camp experience. If you have selected the Adventure Camp option, please complete the following: I hereby authorize that my child may participate in the Adventure Camp (includes fees for Zipline, Archery, Wall Climbing, Laser Tag, Trampoline Park, Hiking, Swimming, Low Ropes, Air Rifle & other outdoor skills).

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

See "Lakeside Day Camp/Red Zone/Earth Trek/Sky Zone Waivers and Permission Slip" inserts. Complete, sign and return the attached waiver agreements & permission slip (complete both sides of each) with this Application & fees. Initial registration must be by mail or in person in Club Office.

STEP 8 CHANGES/CANCELLATIONS POLICY I understand any changes to or cancellations of the pre-registered schedule must be made in writing, e-mailed to- Camp@PadoniaParkClub.com or faxed 443-279-1043; please call to verify that your e-mail or the fax was received by the office. The request must be received and verified no later than 5:00pm. the Friday before two full weeks prior to the pre-registered week in question to apply monies already paid to available week (s) with openings and to get the desired changes. There is a \$10.00 administrative fee for each change or cancellation to the pre-registered schedule. If the written cancellation is not received by 5:00 pm the Friday before two full weeks prior to the pre-registered week (refer to Payment Due Date Schedule), you are still liable for the total applicable camp fees and possible finance charges. Any approved refunds will be sent out in September. No refunds will be made for absences.

INITIALS _____

STEP 9 TRANSPORTATION WAIVER I agree to allow my child to attend scheduled field trips: Adventure Camp (Earth Treks, Red Zone, Irvine Nature Center & Sky Zone) & Traditional Camp (Dave & Busters and Sky Zone). Passenger approved busses or vans will be used as transportation.

INITIALS _____

STEP 10 Adventure & Traditional Camp requirement: Sky Zone : **ONLINE WAIVER (Complete & send ASAP)** www.skyzone.com/timonium and Earth Treks (Adventure only) www.earthtreksclimbing.com/waiver in order for your child/ward to participate. Forward waiver acknowledgement to Camp@PadoniaParkClub.com

STEP 11 EMERGENCY MEDICAL TREATMENT RELEASE I **DO / DO NOT (CIRCLE)** authorize a physician or medical facility to treat my child/ward for injuries sustained while at Lakeside Day Camp in the event that I am not able to be contacted for the consent of treatment. In signing this registration form below, I acknowledge having read & understood The Conditions of Registration, General Camp Information & the information on both sides of this form, state to the best of my knowledge that the health information is up-to-date & accurate, and agree to bear full responsibility for my child/ward while he/she is engaged in any activity of Lakeside Day Camp & Padonia Park Club.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

Lakeside Adventure Camp ONLY

Participant Assumption of Risk and Waiver Agreement

Welcome to our Adventure Camp program with LAKESIDE DAY CAMP! The Adventure Camp is a powerful outdoor experience designed to foster self-discovery, confidence, teamwork, communication and group process skills. It is a carefully structured, graduated series of initiative events incorporating physical, mental and social challenges. Activities include but are not limited to reliance on others or equipment, climbing over obstacles, target sports, and riding on our Zip Wire of heights up to 50 feet. We are confident you will find it a great learning experience; both fun and challenging.

When working outdoors and leading physical activities, safety is our main concern. We will regularly discuss basic rules of safety and provide the special organization, supervision, instruction and equipment you need to participate safely in course activities. It is impossible for us to eliminate all risk, however, your commitment to follow instructions and use sound personal judgment will contribute greatly to your well being. By signing this waiver, the participant accepts that there are inherent risks and hazards in adventure programming and agrees to hold harmless Child Care International, LTD., Lakeside Day Camp, The Padonia Corporation, and any of their heirs, assigns or successors known as Lakeside Day Camp.

Please read and sign the following agreement:

I, as a participant, understand I will be involved in activities that require periods of physical exertion, balancing, heights (up to 20'), lifting, pushing, pulling and climbing. I know most activities will be outdoors where I will need to watch for slippery and/or uneven footing, limbs and branches, insects or animals and possible exposure to extreme or inclement weather. I fully understand that my physical activity involves risk of injury. I understand the risks may include loss or damage to personal property.

I understand that I will not be forced to do any activity and that despite a reasonable precaution taken by LAKESIDE DAY CAMP, that a guarantee of absolute safety is impossible. I agree to exercise good personal judgment, to ask for help if I am concerned about my safety and to be responsible for deciding if a proposed activity is appropriate for me. **I have listed on the Medical History Page** and informed my instructors of any physical, mental, or medical conditions, recent injuries, medication, allergies or other considerations that might limit my ability to participate or affect other members of my group. I realize that failure to disclose my information could result in serious harm to myself or others. I also state that I am not under, and will not be under the influence of any chemical substance including alcohol, medications or illegal substances.

I agree to comply with safety instructions given by LAKESIDE DAY CAMP and to be responsible for my safety and well being. I agree to hold LAKESIDE DAY CAMP, its Directors, Owners, Officers, Employees, Agents and/or Associates harmless for any accidents, injury, loss of or damage to property that may occur in this program.

I understand that all possible precautions are taken to insure that all programs and activities sponsored by LAKESIDE DAY CAMP are conducted by mature and qualified personnel in a safe and responsible manner. I voluntarily assume the risks of the activities and agree to report any injuries before leaving the premises.

In the event that it becomes necessary, I give permission to LAKESIDE DAY CAMP to secure proper medical treatment. I understand that any medical expense not covered by LAKESIDE DAY CAMP medical insurance will be billed directly to me or to my insurance company.

I have read and understand all materials outlining the adventure course, including this waiver and agree to abide by these terms. I am aware this is a waiver and release of liability and I sign it **voluntarily**.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Printed Name: _____

Participant Signature: _____

Date: _____

Participant Printed Name: _____

Adventure Camp Red Zone Adventures (RZA) Player Waiver and Permission Slip

By signing this agreement, you agree that you have read and understand the following statements: (1) You agree to follow all posted rules and instructions of RZA staff. (2) Laser Tag is a physical activity that, like other physical activities, involves a risk of injury. Our arena is dimly lit, haze-filled, and full of obstacles, walls, platforms and ramps. Many people are in the arena at the same time, often moving quickly and quietly. While our arena is supervised, no part of the arena is supervised continuously. (3) You accept and assume all risk of injury from participation at RZA. (4) You recognize that medical conditions including asthma, epilepsy and seizure disorders and others can be exacerbated or triggered by Laser Tag play and all appropriate care should be taken if you have any such condition. (5) You release RZA and its owners(s), affiliates, members, managers and employees from all claims, liabilities and losses that may arise from your play or participation, except if arising solely from our gross negligence. (6) You will report any injury sustained at RZA as soon as practical, but no later than your departure. (7) You will indemnify, defend and hold harmless RZA and its owner(s), affiliates, members, managers and employees from any claims, liability, suits or damages made, alleged or suffered by anyone arising out of your activity or conduct at RZA. (8) If you are signing this as a parent or guardian on behalf of a minor, you agree to be bound by the terms of this Player Waiver and give consent such minor to participate in activities at RZA. (9) RZA may refuse admission to & eject anyone who fails to follow our posted rules or instructions or otherwise causes a safety hazard. (10) I agree to allow my child to be transported by passenger approved bus and attend the Red Zone field trip(s).

Child's Name: _____

Date of Birth: _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Printed Name: _____

Lakeside Adventure Camp ONLY

IMPORTANT – Please be thorough with requested information. Failure to disclose information could result in serious harm to you as a participant in this program. Please read and sign the opposite side of this sheet. All the information will be kept confidential. IF YOU CHECK YES TO ANY QUESTIONS BELOW, DESCRIBE PROBLEMS IN DETAIL ON THE RIGHT SIDE OF THE FORM. Attach an additional sheet if necessary.

Circle one

- Yes No Do you have any present medical problems or physical limitation? (Describe)
- Yes No Does your health prevent you from participating in any physical activities?
- Yes No Are you taking any prescription or nonprescription medications? (List all and reasons for taking)
- Yes No Have you had any surgeries or been hospitalized for any reason? (Describe and give approximate dates)
- Yes No Are you allergic to any insect bite or medications?
- Yes No Do you smoke? (If so how much?)
- Yes No Do you have impairments of vision or hearing?
- Yes No Have you ever been diagnosed as having high blood pressure? Are you currently under treatment?
- Yes No Do you have heart murmurs, episodes of irregular heartbeat, shortness of breath or chest pain on exertion?
- Yes No Have you ever been diagnosed at risk of heart disease? Is there any history of heart disease in your family
- Yes No Are you engaged in a regular program of exercise? (Describe exercise and frequency)
- Yes No Do you have asthma? (Describe)
- Yes No Do you have diabetes, thyroid trouble or other endocrine problems? (Describe history & symptoms)
- Yes No Have you had or do you have ulcers, heartburn or other intestinal disorders?
- Yes No Have you ever had seizures? (Describe and give date of last seizure)
- Yes No Any problems with neck, back, arms, shoulders, ankles or knees that limit your activities? (Describe symptoms & limitation)

Last tetanus booster (MM/DD/YY): _____ Child Date of Birth (MM/DD/YY): _____

Persons to be contacted in case of serious illness or injury: _____

Name, Address, Phone Number & Relationship: _____

Name of Insurance Co.: _____ Medical Insurance Plan Number _____