

# 2020 APPLICATION PADONIA SUMMER CAMPS

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 2020 \_\_\_\_\_ 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

Attach  
Current  
Photo

## 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 \_\_\_\_\_

## 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](http://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 Sport, 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 Padonia Summer Camps 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**

Camper's Name: \_\_\_\_\_  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_

A _____	G _____
# _____	WP _____
OFFICE USE ONLY	

**STEP 5** PADONIA SUMMER CAMPS 2020 SCHEDULE OFFICE USE ONLY

OFFICE ONLY	Week #	Date	Mon.	Tues.	Wed.	Thurs	Fri.	Adventure Camp Option	icAMP Option	Meal Ticket Y or N	TOTAL AMT. DUE	CAMP FEES	SPECIAL EVENT FEES	MEAL TIX	TOTAL AMT. PAID	EMPLOYEE INITIALS	CHECK NO. CC or CASH	DATE REC.	ACCTING.	
C A WL	1	6/22-6/26																		
C A WL	2	6/29-7/03																		
C A WL	3	7/06-7/10																		
C A WL	4	7/13-7/17																		
C A WL	5	7/20-7/24																		
C A WL	6	7/27-7/31																		
C A WL	7	8/03-8/07																		
C A WL	8	8/10-8/14																		
C A WL	9	8/17-8/21	Camp hours 8:00 am - 5:30 pm Limited Availability.																	
C A WL	10	8/24-8/28	including Before & After Care. Full week commitment required.																	

**STEP 6** **TRADITIONAL CAMP** Complete steps 1-6, & 8-11 Certain dates have Special Events. 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, Hiking, Swimming,, Tubing, Low Ropes & other outdoor skills).

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

See "Padonia Summer Camps Earth Trek Waivers. Complete, sign and return the attached waiver agreement (complete both sides) 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@PADONIA.com](mailto:Camp@PADONIA.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 \$35.00 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. Passenger approved busses or vans will be used as transportation.

**INITIALS** \_\_\_\_\_

**STEP 10** **Adventure & Traditional Camp** requirement: Earth Treks (Adventure only) [www.earthtreksclimbing.com/waiver](http://www.earthtreksclimbing.com/waiver) in order for your child/ward to participate. Forward waiver acknowledgement to [Camp@PADONIA.com](mailto:Camp@PADONIA.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 Padonia Summer 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 Padonia Summer Camps & Padonia Park Club.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

# PADONIA Adventure Camp ONLY

## Participant Assumption of Risk and Waiver Agreement

Welcome to our Adventure Camp program with PADONIA SUMMER CAMPS! 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., PADONIA Summer Camps, Lakeside Day Camp, The Padonia Corporation, Padonia Park Club, Inc., and any of their owners, heirs, employees, assigns or successors known as PADONIA Summer Camps.

### **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 PADONIA SUMMER CAMPS 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 PADONIA SUMMER CAMPS and to be responsible for my safety and well being. I agree to hold PADONIA SUMMER CAMPS, 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 PADONIA SUMMER CAMPS 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 PADONIA SUMMER CAMPS to secure proper medical treatment. I understand that any medical expense not covered by PADONIA SUMMER CAMPS 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:** \_\_\_\_\_

# PADONIA 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 \_\_\_\_\_

# PADONIA SUMMER CAMPS

## CONDITIONS OF REGISTRATION

- \* Campers must be no younger than age 5 and no older than age 13 at start of program. Children are grouped by age.
- \* Pre-registration only accepted with deposit of the first week's payment in full, picture and completed application form indicating all camp sessions desired. Pre-registration must be received by Club Office. Registration for all weeks pre-registered will be recorded, but space can only be guaranteed if available and if all forms and ongoing fees are submitted no later than required deadline dates and time listed in the **Payment Due Date Schedule**.
- \* Ongoing payments accepted in Club Office during office hours, and no later than the required deadline time listed in the **Payment Due Date Schedule**; or that space will be released to the waiting list. There is an **online payment option for ongoing payments** after the initial payment & registration: [Padonia.com/DayCamp.htm](http://Padonia.com/DayCamp.htm) **Payment Due Date Schedule** still applies for payment deadlines to assure your child's enrollment. If a child is registered but not paid, you will still be responsible for the camp fees of the pre-registered schedule.
- \* **Schedule Changes and Cancellations:** Cancellations only available when no offers or discounts applied. \$35.00 Administrative Fee for each change or cancellation made to the pre-registered schedule. After pre-registration, requests for changes or cancellations to the child's camp schedule must be made in writing, e-mailed [Camp@PADONIA.com](mailto:Camp@PADONIA.com) or faxed 443-279-1043 and received by the Club Office **NO LATER THAN** the required deadline dates and time listed in the **Payment Due Date Schedule**. Otherwise, you are still responsible for the camp fees and any applicable finance charges and you will not be able to reapply funds or receive refunds. As long as in compliance with this policy and depending on space availability, the changes can be made. If you elect to e-mail or fax your schedule change request, please call to verify that the e-mail or fax was received no later than the designated deadline.
- \* Approved refunds will be mailed in September. We cannot apply funds if the schedule changes or cancellation requests are not received by the due dates listed above.
- \* No refunds will be credited on any absences.
- \* Returned Check Fee: \$35.00
- \* Regular physical examination by a licensed physician required within the last 2 years and updated immunizations. We are not able to access or use prior year's information.
- \* Parents must carry health and accident insurance for each child in attendance.
- \* Forms, payment, schedule changes or cancellations must be submitted to CLUB OFFICE; NOT given to the counselors.
- \* Before & After Care is included from 7:00 am to 6:00 pm (Week 10 Extended Care 8:00 am to 5:30 pm) There is a **penalty of \$1 per minute after 6:00 p.m. (or 5:30 p.m. for Week 10)** for each child. This fee is **paid at time of pick up**. Repetitive lateness could be cause to terminate camp participation.
- \* Week 10 8:00 am—5:30 pm Limited Availability and full week commitment. Priority for Week 10 given to campers enrolled for 3+ full weeks.
- \* Camper-to-counselor ratio is 8:1 for ages 5 & 6; 10:1 for ages 7 to 13.
- \* All campers and parents agree to be responsible for the cost of all medical expenses incurred for all injuries, including those sustained while using medications or allergic reaction kits for bee stings, etc.
- \* We reserved the right to terminate participation, at any time, without refund.
- \* Camp will not be closed due to inclement weather. Movies rated G and PG will be shown, as well as other indoor activities.
- \* Camps and their parent/guardian agree to permit use of photographs or video taken on Padonia property by Padonia staff or their agents for Padonia's promotional use. Commercial and/or inappropriate use a camera, cell phone/video camera or similar device, including audio recording devices, is strictly prohibited.
- \* \$50.00 fee for PADONIA EPass entry fob not returned on final registered day of camp.

**Parents Meeting: Tuesday, June 16 6:30 pm Open Air Pavilion**

## PAYMENT SCHEDULE

Week #	CAMP DATES	PAYMENT / CHANGE / CANCELLATION
1	6/22 to 6/26	FRIDAY June 5 5:00 pm
2	6/29 to 7/03	FRIDAY June 12 5:00 pm
3	7/06 to 7/10	FRIDAY June 19 5:00 pm
4	7/13 to 7/17	FRIDAY June 26 5:00 pm
5	7/20 to 7/24	FRIDAY July 3 5:00 pm
6	7/27 to 7/31	FRIDAY July 10 5:00 pm
7	8/03 to 8/07	FRIDAY July 17 5:00 pm
8	8/10 to 8/14	FRIDAY July 24 5:00 pm
9	8/17 to 8/21	FRIDAY July 31 5:00 pm
10	8/24 to 8/28	FRIDAY August 7 5:00 pm