

CARROLL COUNTY FARM MUSEUM LIVING HISTORY CAMP 2017 REGISTRATION

___ Session I July 10 – 14 For children entering 3rd Grade
___ Session II July 17 – 21 For children entering 4th Grade
___ Session III July 24 – 28 For children entering 5th Grade

Camp will be held from 9 a.m. to 4 p.m. each day, rain or shine.

Camper's Name: _____ Parent's Name: _____

Address: _____

Phone: (H) _____ (W) _____ (C) _____

Camper's Birthdate: _____ Sept. 2017 Grade Level: _____

Parents' Email: _____

Camper's T-shirt size: Child S Child M Child L Adult XS Adult S Adult M Adult L

COST: \$175 per camper

\$160 for each additional camper in the same household/immediate family

Please complete all of the forms in this packet and mail with payment by May 19, 2017.

Spaces are limited to 40 per session. Spots are filled based on date of payment.

To pay by credit card (Visa, MasterCard or Discover only) please fill out the following:

Card Type: _____ Name on Card: _____

Card Number: _____

Expiration Date _____ CLV (number on back of card) _____

To pay by check, please make your check out to the *Carroll County Farm Museum*.

Completed applications should be mailed to: **Carroll County Farm Museum, 500 S. Center St. Westminister, MD 21157** and marked **Attention: Living History Camp**

If medication is to be sent to camp for your child, the Medication Administration Authorization Form **MUST BE** completed by you, signed by the prescribing physician and brought to camp with the medication in its proper marked container on the first day of the session.

For questions, please call 800-654-4645.

Camper Pick-up Form

This form must be completed and turned in before the first day of camp. Anyone who will be picking up your camper from camp, including a parent/guardian, must be listed. Siblings attending camp at the same time may be listed on the same form.

NOTE: For campers' safety we will be checking identification and requiring signatures at pick-up. Campers will only be released to the individuals listed below.

No child will be released to a person not included on this list.

Dates camper will attend camp: from _____ to _____

Camper Name: _____

Sibling Name: _____

Primary Pick-up

Name: _____ Relationship to Camper: _____

Phone Number #1 (____) _____ Home Cell Work

Phone Number #2 (____) _____ Home Cell Work

Email: _____

I hereby authorize the following person(s) to pick up my child from camp:

Name (First, Last)	Relationship	Phone Number
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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My child needs to be picked up early. Myself or the person(s) listed above will pick my child up on: _____ at _____.

(Day) (Date) (Time)

Signature of Parent/Guardian: _____

Date: _____

Camper Code of Conduct

The Carroll County Farm Museum Living History Camp has rules that we follow to make sure everyone has a safe and fun experience at camp. This Code is our guide for behavior at Living History Camp. It is to be read and signed by both parent/guardian and child participant.

I understand that rules are made to protect me and others; to help make sure program activities are safe, fun, and successful, and to create a welcoming camp community.

I will treat other people, myself, property, and equipment with respect.

I understand that the following are unacceptable:

- Violence
- Bullying including name calling and put-downs as well as using technology, such as computers, text messaging, web site postings, etc. for these behaviors
- Cursing or verbally abusing anyone for any reason
- Fighting, threatening, stealing, damaging property
- Endangering the wellbeing of self or others
- Leaving the group without permission
- Leaving the Farm Museum property without a counselor

I understand the following are NOT allowed at camp:

- **Cell phones**
- Headphones, CD/MP3 players, radios
- Weapons or look-alike weapons
- Alcohol, Illegal substances, or tobacco products
- Medication which is not turned in to the Camp Coordinator

All medications must have a medication authorization form signed by the prescribing physician and be turned in to the Camp Director in the original container with the specific, unaltered directions of a licensed physician on the original prescription bottle. Please do not send expired medication to camp.

- The camp staff strives to create a successful and positive camp experience for every camper. While at camp your camper deserves to have fun, try new things, make new friends and enjoy the camp experience. We have a firm policy against all types of verbal, physical and relational bullying.
- The Carroll County Farm Museum reserves the right to send any camper home who exhibits unsafe and/or unacceptable behavior that endangers other campers, staff or property.
- Should this occur, parents/guardians are responsible for picking up their child in a reasonable timeframe as deemed necessary by the Camp Director. Persons listed as emergency contacts may be notified if parents/guardian cannot be reached.
- No refund will be given if a camper is sent home due to unacceptable behavior.
- Both the camper and parent/guardian have read, understand and agree to comply with the Code of Conduct Agreement while at Living History Camp.

Signature of Parent/Guardian _____ Date _____

Signature of Camper _____ Date _____

LIVING HISTORY CAMP

PHOTO RELEASE

I hereby consent to the use and reproduction by the Carroll County Farm Museum and Carroll County Government of my child's photographic image while attending the Museum's 2017 Living History Camp. Future publication includes newspaper stories, the Farm Museum website and Farm Museum brochures and publications.

I agree not to hold the publication or its agents responsible, under any circumstance, for any action, which occurs as a result of this advertisement. I understand that my child's photographic images taken during camp will become the exclusive property of the Carroll County Farm Museum and will be used only for promotional purposes.

I agree that I will not be compensated for the use of my child's photographic image.

Check ONE of the following AND fill out the information below:

I AGREE to the terms above: _____

I DO NOT AGREE to the terms above: _____

Date: _____

Child's Name: _____

Parent / Guardian Signature: _____

Parent / Guardian Printed Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Camp Registration Packet Checklist

- Registration Form
- Camper Pick-up Form
- Camper Health History Form
- Camper Code of Conduct Agreement
- Photo Release Form
- Parent Volunteer Form
- Medication Administration Authorization Form
**Only needed if you are sending medicine to camp.
Must be signed by the prescribing physician.

Parent Volunteer Form

Yes! I would like to offer my services at Living History Camp.

Name _____

I am available the week of: _____

On these days and times: _____

I would like to help by _____

I have knowledge in _____

If needed, please contact me at _____

Signature _____

Date _____

For office use:

Date Contacted: _____ By whom _____

Notes: _____
