

**CARROLL COUNTY FARM MUSEUM
LIVING HISTORY CAMP
2022 REGISTRATION**

___ Session I June 27 – July 1 For children entering 3rd or 4th Grade

___ Session II July 11 – 15 For children entering 5th or 6th 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. 2022 Grade Level: _____

Parents' Email: _____

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

Session I \$175 per camper

Session II \$175 per camper

Please complete all of the forms in this packet and mail with payment BY MAY 23, 2022.

Spaces are limited. 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. Westminster, MD 21157 and marked

Attention: Living History Camp

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 the 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 the 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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Name (First, Last)	Relationship	Phone Number
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Name (First, Last)	Relationship	Phone Number
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Name (First, Last)	Relationship	Phone Number
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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 the parent/guardian and the 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 the 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 and 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 and 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, the 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 the parents/guardian cannot be reached.
- No refund will be given if a camper is sent home due to unacceptable behavior.
- Both the camper and the 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 2022 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
- COVID-19 Waiver and Release Form
- Medication Administration Authorization Form

**Only needed if you are sending medicine to camp.

This **must** be signed by the prescribing physician.

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 Makenzie Gawel, camp director, at 410-386-3888 or call 800-654-4645 and ask to speak to Ms. Gawel.



WAIVER AND RELEASE: COVID-19

Name(s) of Participant(s): _____

Name(s) and Dates of Event (s):

I, on behalf of my child(ren) or myself, acknowledge and understand that the novel COVID-19 virus is an extremely contagious virus and is believed to be spread mainly from person to person contact and that the Carroll County Government does not warrant or guarantee that you, your child(ren), your spouse, or anyone else will not be exposed to or infected with the COVID-19 virus as a result of my or my child(ren)'s participation in Living History Camp and/or Farm Camp. I have independently evaluated the risks of being exposed to or infected by the COVID-19 virus and have determined to participate or allow my child(ren) to participate in Living History Camp and/or Farm Camp.

Parent Permission

I, on behalf of my adult self or (we), parents(s) of [or legal guardian(s) for] the above participant, hereby consent to my/her/him participating in Living History Camp and/or Farm Camp at the Carroll County Farm

Museum. On behalf of myself and/or the participant listed above, I accept the waiver of liability and assumption of the provisions of this agreement.

Date:

Printed Name:

Date:

Printed Name:

Adult Self/Parent(s) and/or Legal Guardian(s)

YOUTH CAMP HEALTH HISTORY
CAMPER

Child's Name: _____

Current residence: _____

EMERGENCY CONTACT INFORMATION:

Emergency Contact
(Parent or Legal Guardian): _____ Phone: _____

2nd Emergency Contact
(Other than Parent Above): _____ Phone: _____

Primary Care Physician or
other provider of medical care: _____ Phone: _____

HEALTH INFORMATION:

Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? YES NO

YES, Explain: _____

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

YES, Explain: _____

IMMUNIZATION INFORMATION:
Must list current residence above.

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? YES 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 form MDH-896.

Parent or Legal Guardian's Signature

Date