

**CARROLL COUNTY FARM MUSEUM
SUMMER CAMP
2025 REGISTRATION**

Full Day (week long)

<input type="checkbox"/> Farm Camp: Farm to Table	June 23 – 27
<input type="checkbox"/> Farm Camp: Farm to Table	July 7 – 11
<input type="checkbox"/> Living History Camp: History's Mysteries	July 21 – 25
<input type="checkbox"/> Living History Camp: Arts and Artisans	August 4 – 8

Half Day (single day)

<input type="checkbox"/> Archaeology	June 17
<input type="checkbox"/> Artisans	July 15
<input type="checkbox"/> Animals	July 29
<input type="checkbox"/> Adventure	August 12

**All sessions open to rising Kindergarteners through rising 6th graders.
Full day camps will be held from 9 a.m. to 4 p.m. rain or shine.
Half day camps will be held from 9 a.m. to 12 p.m. rain or shine.**

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

Address: _____

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

Camper's Birthdate: _____ Sept. 2025 Grade Level: _____

Parents' Email: _____

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

FULL DAY SESSIONS: \$195 per camper (\$215 after March 14)

HALF DAY SESSIONS: \$30 per camper

Please complete all forms in this packet and mail or email with payment* BY MAY 14, 2025.

Spaces are limited. Spots are filled based on date of payment.

Only if you are **NOT registering online.*

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: Summer 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.

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.

PLEASE BRING A PHOTO ID TO PICK UP YOUR CAMPER EACH DAY.

Camper Name: _____

Primary Pick-up

Name: _____ Relationship to Camper: _____

Phone Number #1 (____) _____ Home Cell Work

Phone Number #2 (____) _____ Home Cell Work

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

Name (First, Last) Relationship Phone Number

Name (First, Last) Relationship Phone Number

Name (First, Last) Relationship Phone Number

Name (First, Last) Relationship Phone Number

Signature of Parent/Guardian: _____

Date: _____

Camper Code of Conduct

The Carroll County Farm Museum Summer Camp Programs have rules that we follow to make sure everyone has a safe and fun experience at camp. This Code is our guide for behavior at Summer 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, Smart Watches and Tablets**
- 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 Summer Camp.

Signature of Parent/Guardian _____ Date _____

Signature of Camper _____ Date _____

SUMMER 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 2025 Summer 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
- 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 410-386-3886 or call 800-654-4645 and ask to speak to Ms. Gawel.