

# *CampKoski, LLC*

*A MARYLAND CERTIFIED YOUTH CAMP*

## 2011 REGISTRATION      AGES 13-16 YEAR OLDS TOTALLY TEEN TUESDAYS

Check session(s) that your awesome camper will be attending:

TOTALLY TEEN TUESDAY 1 ( )  
July 5 -- 2:00-7:00 pm. -- \$100

TOTALLY TEEN TUESDAY 2 ( )  
July 19 -- 2:00-7:00 pm. -- \$100

TOTALLY TEEN TUESDAY 3 ( )  
August 2 -- 2:00-7:00 pm. -- \$100

TOTALLY TEEN TUESDAY 4 ( )  
August 23 -- 4:00-9:00 pm. -- \$100

**\*DUE TO LAST MINUTE CANCELLATIONS WITH UNPAID BALANCES LAST SUMMER, WE ARE ASKING THAT THE FULL TUITION BE SENT ALONG WITH THE REGISTRATION FORMS. IF ALL OR PART OF THE TUITION IS BEING PAID BY AN OUTSIDE AGENCY, PLEASE ATTACH A NOTE TO THE FRONT OF YOUR CHILD'S FORMS INDICATING THIS. E-MAIL [CAMPKOSKI@VERIZON.NET](mailto:CAMPKOSKI@VERIZON.NET) WITH QUESTIONS/CONCERNS.**

**Camper's Information:**

Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Age at camp \_\_\_\_\_

Weight (needed for life vest size) \_\_\_\_\_

Home address \_\_\_\_\_

E-mail address \_\_\_\_\_

First parent/guardian \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Home Address (if different from child) \_\_\_\_\_

Second parent/guardian \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Home Address (if different from child) \_\_\_\_\_

**Persons allowed to pick up my child** (ID required if different from drop-off person):

1 \_\_\_\_\_ 2 \_\_\_\_\_

**Emergency Contacts:**

If Parent/Guardian are not available in an emergency, please notify:

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**Physician:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Consent for Treatment in case of a Medical Emergency:**

The law requires that parental permission be obtained for medical procedures on minors. The following consent should be signed by parents/guardians so that such procedures may be carried out without delays. However, no major medical procedures will be performed, except in extreme emergency, without parents/guardians being contacted and fully informed.

I give permission for such diagnostic/therapeutic procedures as may be deemed necessary for my child, and to present information concerning his/her medical condition to other responsible officials when requested.

Camper's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

**Medication (as-needed basis):**

Check any medication you wish to be made available to your child by the camp nurse:

- ( ) Acetaminophen (like: Tylenol)
- ( ) Ibuprofen (like: Advil)
- ( ) Anti-Itching Lotion (like: Calamine)
- ( ) Cough Drops (like: Halls)
- ( ) Anti-Itching Cream (like: 1% Hydrocortisone)
- ( ) Topical Anesthetic (like: Medicaine)
- ( ) Antacid (like: Tums or Maalox)
- ( ) Diphenhydramine (like: Benadryl)

( ) I do not want any medication given to my child.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Allergies:**

List all known medication allergies, food allergies and all other allergies. (Include insect stings, hay fever, asthma, animal dander, food, etc.)

Allergy \_\_\_\_\_ Reaction \_\_\_\_\_ Management \_\_\_\_\_

Allergy \_\_\_\_\_ Reaction \_\_\_\_\_ Management \_\_\_\_\_

**Routine Medications:**

( ) **NO medications** on a routine basis OR ( ) **Takes medications** as follows:

List ALL medications taken routinely (over-the-counter and/or nonprescription drugs). If prescription drug, please keep in original bottle with prescribing physician on label.

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time of day \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time of day \_\_\_\_\_

**Health History:**

Does your child have or has he/she ever had any of the following: *(Please check)*

- |  |   |
|--|---|
| ( ) Glasses                                | ( ) Hearing aid(s)                      |
| ( ) Communication device                   | ( ) Special equipment                   |
| ( ) Asthma                                 | ( ) Seizures                            |
| ( ) Chronic diarrhea                       | ( ) Chronic constipation                |
| ( ) Recent injury, illness or infections   | ( ) Hospitalization                     |
| ( ) Chronic or recurring illness/condition | ( ) Surgery                             |
| ( ) Frequent headaches                     | ( ) Head injury                         |
| ( ) Frequent ear infections                | ( ) High blood pressure                 |
| ( ) Heart murmur                           | ( ) Diabetes                            |
| ( ) Problems with joints (e.g. ankles)     | ( ) Skin problems (e.g., itching, rash) |

Please explain any "yes" answers: \_\_\_\_\_

**You should know these things about my awesome child** *(continue on back if needed):*

How he/she COMMUNICATES (e.g. talking, spelling, pictures, signing, etc.): \_\_\_\_\_  
\_\_\_\_\_

How he/she is TOILETED (e.g. toilets independently, uses diapers/pull-ups, has a toileting schedule, etc.): \_\_\_\_\_

Toys, topics, activities that he/she especially LIKES AND DISLIKES (e.g. trains, dogs, water): \_\_\_\_\_

His/her SENSORY SENSITIVITIES (e.g. touch, smells, sounds): \_\_\_\_\_  
\_\_\_\_\_

His/her BEHAVIORS that are common when ANGRY OR NERVOUS (e.g. flapping, spinning, biting, scratching, screaming, crying, falling): \_\_\_\_\_  
\_\_\_\_\_

His/her experience with WATER ( e.g. Can he/she swim? Afraid of the water?)  
\_\_\_\_\_

His/her experience with HORSES (e.g. Has he/she ever been on a horse?)  
\_\_\_\_\_

**Don't be embarrassed to tell the truth -- WE'VE SEEN IT ALL -- And we love each child no matter what!!!**

**Immunizations**

Provide date (month/year) of camper's last Tetanus (or DTP) shot: \_\_\_\_\_

**Please check one and ATTACH the appropriate form:**

( ) My child is currently enrolled in a Maryland public or private school. The school secretary made a copy of my child's immunization/medical form, and it is attached.

( ) My child is home-schooled. I am providing a copy of immunizations from my child's physician confirming that he/she has received all immunizations as required by the Maryland DHMH Recommended Childhood Immunization Schedule.

( ) My child is exempt from any immunization on medical grounds. I have provided a signed copy of the Maryland Department of Health and Mental Hygiene Immunization Certificate from a licensed physician indicating that the immunization is medically contraindicated.

( ) My child is exempt from any immunizations on religious grounds. I have provided a signed copy of the Maryland Department of Health and Mental Hygiene Immunization Certificate indicating that I object to immunizations for religious reasons.

**\*\*\*ALL CAMPERS MUST BE CURRENT ON ALL IMMUNIZATIONS\*\*\***

**I understand** (please check ALL and sign):

( ) If I must cancel a reserved place in camp, I will notify Patti Koski at 410-375-6681 or [campkoski@verizon.net](mailto:campkoski@verizon.net) so that my slot may be offered to another camper.

( ) All payments are non-refundable, but may be applied to a future camp session if child is not able to attend due to an illness or a family emergency.

( ) All information provided at the time of registration/enrollment is complete and accurate.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Photography:**

( ) Yes, CampKoski may use photographs or videotapes of my child to advertise this community service, to train future camp counselors, or to educate other professional about Autism and related disorders.

( ) No, I do not wish to have my child photographed or videotaped.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

## CampKoski, LLC Waiver

**Sending this registration form does not guarantee my child a space at CampKoski, LLC.** Since there are only a limited number of spaces per session, acceptance will be on a "first come first serve" basis.

Upon receiving my child's registration forms, Patti Koski will contact me by e-mail to confirm whether or not a space was available for my child. If a space is not available, my tuition check will be returned to me immediately. I will have the option of putting my child's name on a wait-list. I will be notified where my child is on the wait-list.

I understand that no reduction in the fee will be made for late arrivals, early departures, or day(s) missed due to vacation, illness, or injury.

If my child is not able to attend an entire session due to a last-minute family emergency, CampKoski, LLC will make every effort to find another camper to take my child's place. If another camper is able to take my child's place, full tuition will be reimbursed to me. If no other child from the wait-list is available to take my child's place, I will surrender the full tuition fee to CampKoski, LLC.

I hereby grant permission for my child to participate in lead-line pony/horse rides on-site. My child will wear closed-toe shoes and a regulation helmet when taking lead-line pony/horse rides.

I hereby grant permission for my child to participate in kayak/boat rides in the pond on-site. My child will be fitted with a regulation life vest, that is the appropriate size for his/her weight, before entering the fenced-in pond area.

Although every precaution will be taken to keep my child safe at CampKoski, LLC, I realize that accidents and/or injuries are possible in a camp-like setting. On behalf of my child, I accept and assume any and all risks associated with his/her attendance and participation in the camp and its activities.

Knowing these facts, I, or anyone acting on my child's behalf, agree that neither CampKoski, LLC or anyone working on their behalf are responsible for accidents, injuries, and/or medical or dental expenses arising from my child's participation in the camp.

In accordance with this agreement, I promise not to sue, and I release CampKoski, LLC, and anyone working on their behalf from all claims of liability or expenses of any kind relating to my child's participation in the previously mentioned camp.

Child's name \_\_\_\_\_

Parent/Guardian's Printed Name \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_