

Registration Form

Camper Information

Full Name of Camper: _____ Name Camper Goes By: _____
Age: _____ Date of Birth: _____ Gender: _____
Current Grade: _____ Camper E-mail: _____ Group: _____
Cabin mate Request: _____ Cabin: _____

Family Information

Parent/Guardian: _____	_____	_____	Camper Address
Mailing Address: _____	_____	_____	_____
City, State Zip: _____	_____	_____	_____
Home Phone: _____	_____	_____	_____
Cell Phone: _____	_____	_____	_____
Work Phone: _____	_____	_____	_____
E-mail Address: _____	_____	_____	_____
Relationship: _____	_____	_____	_____
Occupation: _____	_____	_____	_____
Employer: _____	_____	_____	_____

Emergency Contact Information

Relationship: _____	_____	Home Phone: _____	_____
Name: _____	_____	Work Phone: _____	_____
Mailing Address: _____	_____	Cell Phone: _____	_____
City, State Zip: _____	_____	E-mail Address: _____	_____

SCC Activity Contact Photo Release T-shirt

Activity Release Statement

1. During the course of our programs, participants will have the opportunity to participate in various activities that involve unusual risks. For example; participants may participate in a high and/or low ropes course activity with potential for slips and falls which could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more life threatening injuries. Participants may also participate in canoe and kayak trips, hikes, bike trips, outdoor games, and various other physical activities that present an unusually high risk for injury.

2. I understand that sometimes participants will be transported by Claggett vans or other vehicles to activities off campus by certified drivers according to the Claggett safety policies. I authorize participation in these activities.

3. I acknowledge that myself/my child's participation in activities while at Claggett entails known and unanticipated risks, which could result in physical or emotional injury. While particular rules, equipment, and personal discipline may reduce the risk, the possibility of serious injury does exist. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the activities.

4. On behalf of myself/my minor child, I expressly agree and promise to accept and assume all of the risks existing in these activities. I recognize that my/my child's participation in these activities is purely voluntary and I authorize his or her participation in spite of the risks.

5. I certify that I have adequate insurance to cover treatment of any injury suffered by me/my minor child while participating in adventure activities or else I agree to bear the costs of such injury myself.

By checking below, I hereby voluntarily release the Claggett Center, it's agents, lessees, owners, officer, volunteers, participants, employees and other persons or entities acting in any capacity on it's behalf from any and all claims, demands, or causes of action that are in any way connected with my/my minor child's participation in adventure activities.

I agree _____

By signing below I acknowledge that I have read and understand the above: _____

Sharing Personal Contact

If YES, you agree to share your name and contact information with other campers and staff for personal use only -- not for commercial use or sale. If NO, your personal information will not be shared, and you will not receive others personal contact information.

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Yes _____
No _____

Photo Release:

I consent for Claggett Center to post pictures of me or my child on its website, Facebook, Social Media platforms, et cetera; and print materials; to market, promote and/or advertise camps or other Claggett Center programs.

Yes _____
No _____

Date Stamp _____

OTHER INFORMATION

T-Shirt Size:

Child - Small _____
Child - Medium _____
Child - Large _____
Adult - Small _____
Adult - Medium _____
Adult - Large _____
Adult - Extra Large _____
Adult - XXL _____
Adult 3XL _____

How did you hear about this program?

Advertisement _____
Church _____
Facebook _____
Other _____
Returning Camper _____
Website _____
Word of Mouth _____

Denomination:

Baptist _____
Catholic _____
Episcopalian _____
Lutheran _____
Methodist _____
Mormon _____
Other _____
Pentacostal _____
Presbyterian _____
Unitarian Universal _____

Church/Chapter (if part of the Maryland Episcopal Diocese):

If not part of the Episcopal Diocese of Maryland, please list name of Church _____

Special Challenge Additional Information

Photo Release:

I consent for Claggett to post pictures of me on its website, Facebook, et cetera to advertise camps or other Claggett programs.

Yes _____
No _____

Date Stamp _____

OTHER INFORMATION

Is this your first time at Claggett?

Yes _____
No _____

Sponsoring Agency (if any):

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T-Shirt Size:

Child - Small _____
Child - Medium _____
Child - Large _____
Adult - Small _____
Adult - Medium _____
Adult - Large _____
Adult - Extra Large _____
Adult - XXL _____
Adult 3XL _____

Agency Contact:

Agency Phone Number:

Special Challenge Medical Form

Camper Name:

Date of Birth: (D/M/Y)

Gender:

Male _____
Female _____

List Two Emergency Contacts (Other than parent/guardian)

Full Name

Relationship

Phone Number

Full Name:

Relationship:

Phone Number:

Name of Personal Physician:

Phone Number:

Insurance Information Carrier:

Plan #:

Policy #:

Primary Insured:

General Health History (Please briefly describe, include any issues that may affect or limit full participation in camp):

Allergies: Please check all that apply

Food _____
Insect _____
Medicine _____
Other _____
Plant _____
No Allergies _____

Please explain allergies:

Date (month/date/year) of last Tetanus shot

General Health Information

Dietary Restrictions _____
Asthma _____
ADD or ADHD _____
Cancer _____
Diabetes _____
Digestion _____
Ears _____
Eyes _____
Heart Trouble _____
Hemophilia _____
High Blood Pressure _____
Kidney Disease _____
Seizures _____
Lungs _____

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Mental Illness _____
Nose _____
Throat _____
Daily Prescriptions _____
My Child Has No History of These Conditions _____

Please explain any YES answers:

Specify any additional needs:

Check the non-prescription medications the health care provider can administer while at camp:

Acetaminophen (ie Tylenol) pain reliever _____
Antacid (ie Pepto Bismol) _____
Dyphenhydramine (ie Benedryl) allergy med _____
Heartburn tablets (ie Tums) _____
Ibuprofen (ie Advil) pain reliever _____
Loratadine (ie Claritin) allergy med _____
Magnesium hydroxide (ie Milk of Magnesia) _____
Sore Throat Spray _____

Do you have a history of seizures?

Yes _____
No _____

Do you have a history of sleep apnea?

Yes _____
No _____

Do you require plastic sheets?

Yes _____
No _____

Any physical/mobility limitations?

Yes _____
No _____

Any special hygiene needs?

Yes _____
No _____

Do you require assistance shaving? If YES provide a prescription from your doctor, including frequency.

Yes _____
No _____

Special medical equipment? (CPAP, Nebulizer, Inhaler, other)

Yes _____
No _____

If YES, please list:

Are you prone to any of the following? Check all that apply.

Bed Wetting _____
Colds or Fever _____
Headaches _____
Menstrual Cramps _____
Nightmares _____
Poison Ivy _____
Sore Throats _____
Sprains _____
Stomach Aches _____
Sunburn _____
Swimmer's Ear _____
Other _____

Check which of the following Lotions and/or Ointments may be administered by the nurse?

Aloe Vera (after-sun care) _____
Ammonia Inhalant (smelling salts) _____
Antifungal Cream _____
Anti-Itch Cream (ie Benadryl topical) _____

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Antiseptic Skin Cleanser _____
Burn Cream _____
Calamine Lotion for itch/rash (ie Caladryl) _____
Ear Drops for swimmer's ear _____
Eye Wash _____
First Aid Cream/Spray _____
Hydrocortisone Cream _____
Hydrogen Peroxide (wound cleaning) _____
Isopropyl Alcohol _____
Poison Ivy/Oak Itch Relief _____
Triple Antibiotic Ointment _____

Medications

List any medications to be dispensed at camp in the spaces provided below. All medications must be checked in with the health care provider at registration. All medications must be in their ORIGINAL containers with the conferee's name and dosage clearly visible. Medications must be given as per the directions on the prescription container.

1. Medication and Dosage

When should the medication be given?

Pre-Breakfast _____
Breakfast _____
Lunch _____
Dinner _____
Night _____
Other _____
As needed _____

If you checked "Other", please explain

2. Medication and Dosage

When should the medication be given?

Pre-Breakfast _____
Breakfast _____
Lunch _____
Dinner _____
Night _____
Other _____
As needed _____

If you checked "Other", please explain

3. Medication and Dosage

When should the medication be given?

Pre-Breakfast _____
Breakfast _____
Lunch _____
Dinner _____
Night _____
Other _____
As needed _____

If you checked "Other", please explain

4. Medication and Dosage

When should the medication be given?

Pre-Breakfast _____
Breakfast _____
Lunch _____
Dinner _____
Night _____
Other _____
As needed _____

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If you checked "Other", please explain

5. Medication and Dosage

When should the medication be given?

Pre-Breakfast _____
Breakfast _____
Lunch _____
Dinner _____
Night _____
Other _____
As needed _____

If you checked "Other", please explain

6. Medication and Dosage

When should the medication be given?

Pre-Breakfast _____
Breakfast _____
Lunch _____
Dinner _____
Night _____
Other _____
As needed _____

If you checked "Other," please explain.

7. Medication and Dosage

When should the medication be given?

Pre-Breakfast _____
Breakfast _____
Lunch _____
Dinner _____
Night _____
Other _____
As needed _____

If you checked "Other," please explain.

8. Medication and Dosage

When should the medication be given?

Pre-Breakfast _____
Breakfast _____
Lunch _____
Dinner _____
Night _____
Other _____
As needed _____

If you checked "Other," please explain.

9. Medication and Dosage

When should the medication be given?

Pre-Breakfast _____
Breakfast _____
Lunch _____
Dinner _____
Night _____
Other _____
As needed _____

If you checked "Other," please explain.

10. Medication and Dosage

When should the medication be given?

Pre-Breakfast _____
Breakfast _____

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Lunch _____
Dinner _____
Night _____
Other _____
As needed _____

If you checked "Other," please explain.

In case of emergency, I understand every effort will be made to contact parent / guardian / agency or emergency contact. In the event any of these people cannot be reached, I hereby give my permission for Claggett Center, the center's designee, or the Episcopal Diocese of Maryland to secure proper treatment, including hospitalization, surgery, anesthesia, or the administration of any medication, oral or injected. I agree to be responsible for all costs associated with such treatment.

Date _____

Signature _____