HOWARD COUNTY TERPS

Program Name: _____

Program Location: _____

PARTICIPANT INFORMATION FORM

You must fill out both sides of this form and bring it with you on the first day of the activity.

General Information: (Please Print)

Participant Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Grade entering in fall: _____

Email Address:

Individual(s) to be contacted in case of emergency:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Person (other than parent) authorized to drop off / pick up participant:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Are there any custody issues we should be aware of? ❒ No ❒ Yes (if yes, attach a copy of court order)

Health issues and special accommodations:

Are there any health concerns that our staff should be aware of? (asthma, allergies, hypoglycemia, seizure disorder, etc.) ❒ No ❒ Yes (if yes, please specify) _____

What symptoms would your child exhibit? _____

_____

Requested actions to be taken by staff: _____

_____

_____

Please indicate any of the following health problems or disability: (please check all that apply)

- ❒ Deaf / hard of hearing
- ❒ Vision impairment
- ❒ Seizures
- ❒ Uses mobility aids (i.e. wheelchair, braces, etc.)
- ❒ Development disability (i.e. autism, intellectual, etc.)
- ❒ Other (i.e. behavioral / emotional disorder, etc.) _____

Please explain any specific health issues or accommodations needed to participate in program:

- ❒ Inclusion Companion
- ❒ Deaf interpretive services
- ❒ Other (please specify) _____

Medication:

Is the participant taking any medication? ❒ No ❒ Yes
Will participant need to take medication during program hours? ❒ No ❒ Yes
(if yes, attach a Medication Authorization Form; available from HCRP office or online at http://www.howardcountymd.gov/rap/medicationform.pdf)

Sunscreen is considered a topical medication.

Parents wishing their child to apply sunscreen at camp, complete information below:
Brand of sunscreen:_____

Specific directions for application: _____

Information required by state regulations (for Summer Camps only):

Child's School: _____ ❒ MD Public/Private School ❒ Other
My child's immunizations are up to date. ❒ No ❒ Yes
Date of last tetanus: _____ ❒ Unknown
Participant's Primary Physician: _____ Physician's Phone: _____

I understand:

1. By registering for this program, I verify that my child's immunizations are up to date.
2. That there are inherent dangers in any recreational activity, program or camp.
3. That I must be aware of the hazards associated with each activity, such as use of equipment, slips and falls, personal level of fitness, training, and various athletic injuries.
4. I must read and understand all written material, which has been provided by the TERPS.
5. The rules and regulations for each activity, as explained in any written materials and/or explained by staff.
6. That the possible consequences of participating in these activities include the possibility of serious injury.

I agree:

1. To obey the rules and regulations for each activity and to follow the directions of the staff.
2. To inform a staff member of any dangerous or potentially hazardous situation that I may observe.
3. That if I do not understand how an activity is performed or how a piece of equipment is to be used, I will ask a staff member prior to beginning that activity.
4. To inform a staff member if I have any problems meeting the physical requirements necessary for participation in any activities.

I am aware that while participating in a recreation activity or program arranged by the Howard County TERPS, certain risks and dangers may be present, including but not limited to those generally associated with certain activities, the hazards of traveling the public highways, of accidents, of illness, and of those forces of nature.

I agree to indemnify and defend the Howard County TERPS and hold it harmless from and against any and all claims, suits, damages, liabilities and expenses, including attorney's fees and the TERPS's costs of defense, in connection with loss of life, personal or bodily injury and /or damage to or loss of property that arises from the participation of _____(Name of Participant) in _____ (Name of activity or program), except to the extent that such loss or damage is occasioned by the negligent act or omission of the county, its officers, agents or employees and no negligence on the part of the Participant.

In **EMERGENCIES** requiring immediate medical attention, your child will be taken to the **NEAREST HOSPITAL EMERGENCY ROOM.** Your signature authorizes the responsible person at the program to have you or your child transported to that hospital.

Signature of Participant or
Parent/Guardian if under 18: Date: