

Scamper Camp

(ages 3.5 – 5)

2019 Registration Packet

Camp Dates: June 18 to August 1
7 sessions

*Ocean City Resident and Property Owner
Registration Begins February 1st*

Non-Resident Registration Begins
March 1st

Discover an ocean of fun!

Ocean City Recreation & Parks

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Dear Parents,

Welcome to the Scamper Camp Registration Packet. This packet is the only way to register for Scamper Camp. Please take the time to accurately answer each question and fill in each blank, as this information is critical for Scamper Camp to effectively care for your child this summer.

Scamper Camp is offered in one-week segments at Ocean City Elementary School on Center Drive in West Ocean City. These sessions start each day at 9:00 a.m. and end at 1:00 p.m. each Tuesday, Wednesday, and Thursday. Please note, starting summer of 2019, we will no longer offer daily bus service to camp.

Scamper Camp registration for all sessions starts on February 1st at 8:30 a.m. for Ocean City Residents, Property Owners, and Town Employees. These individuals must provide documentation confirming their status in the form of a Town of Ocean City property tax or water bill, a Town of Ocean City Employee Identification Card, or a residential lease agreement for a Town of Ocean City property. A copy of this document must be left with your registration packet. Non-Resident registration begins on March 1st at 8:30 a.m. For all Scamper Camp participants a **copy of the camper's birth certificate must also be included** with the registration materials. All participants must also include a \$20 nonrefundable deposit for each session. Parent Packets confirming your registration in camp and other important camp information will be mailed June 1st. On behalf of the staff of Scamper Camp, I want to welcome you to another great year. It is going to be a great summer.

Sincerely,

Denise Ortega
Recreation Supervisor

Who: Scamper Camp Session Information

Dates: Day Camp Sessions at Ocean City Elementary School
Children, Ages 3.5 – 5
Session A: June 18 – 20
Session B: June 25 – June 27
Session C: July 1 – 3 (Monday, Tuesday, Wednesday)
Session D: July 9 – 11
Session E: July 16 – 18
Session F: July 23 – 25
Session G: July 30 – Aug 1

Days: Tuesday – Thursday (except July 1-3)

Times: 9:00 a.m. – 1:00 p.m.

Location: Ocean City Elementary School
12828 Center Drive, West Ocean City

Cost: Ocean City Residents: \$65.00
Non-Residents: \$88.00

A \$20 non-refundable deposit is required for each session at the time of registration.

Scamper Camp Registration Form

First Name: _____ Last Name: _____

Gender: _____ Date of Birth: _____ Age as of June 18, 2019: _____

Grade in 2018-19 School Year: _____ **All campers must attach birth certificate.**

Parent's Name(s): _____

E-mail Address: _____

Permanent Address: _____

Summer Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone Numbers: Mrs.: _____ Mr.: _____

T-shirt Size: _____ Ocean City Resident/Property Owner: _____

Proof of OC residency attached: Yes or No

Please enroll my child in:

Session	√	Dates	Locale	Deposit	Total Pd
A		June 18 – 20	OCES	\$20	
B		June 25 – June 27	OCES	\$20	
C		July 1 – 3	OCES	\$20	
D		July 9 – 11	OCES	\$20	
E		July 16 – 18	OCES	\$20	
F		July 23 – 25	OCES	\$20	
G		July 30 – Aug 1	OCES	\$20	

I do for myself, my heirs, and assigns, waive and release any and all claims to damage against the Town of Ocean City, Ocean City Recreation and Parks, and its agents or authorized representative(s) conducting Scamper Camp as a result of any and all injuries incurred by my child from, or while participating in Scamper Camp. I also understand that participants in Scamper Camp may be photographed for publicity purposes.

Signed: _____ Date: _____

Parent's Printed Name: _____

If Paying by Credit Card, Please write Credit Card # and Expiration Date Below:
Credit Card # _____ Exp Date: _____

Office Use Only

Total number of sessions: _____ Total
 cost for all sessions: _____

Deposit Collected: _____
 Total Due: _____

Scamper Camp Swimming Information

Child's Name: _____ Age as of June 18, 2019: _____

Each week Scamper Camp attends a field trip that may involve water based activities such as the beach, water parks, pools and waterslides. For the safety of your child we ask that you set your child's swimming limit for camp. Town of Ocean City staff reserves the right to limit your child's swimming permissions above your request should conditions warrant a change. We will not allow your child to swim above your approved level without your permission that must be made in writing by use of another copy of this form.

Pool/Waterpark	Level	At the Beach	Level
	Up to knees		Up to knees
	Up to waist		Up to waist
	Up to chest		Up to chest
	Overhead/Swimmer		Overhead/Swimmer

Scamper Camp Medical Treatment Authorization

Insurance Company: _____

Identification/Policy Number: _____ Group: _____

I, _____ (parent), give permission to the staff of the Ocean City Recreation and Parks Department and Scamper Camp to act on my behalf in caring for my child, _____, should an emergency arise. In addition, I give permission in the case of injury for my child to be transported to the nearest hospital for treatment to include evaluation of injuries, x-rays, and any other needed care. I understand that the staff of Ocean City Recreation and Parks and Scamper Camp will make every effort to contact me prior to authorizing transportation and/or medical treatment on my behalf. In addition, I release the Town of Ocean City and its agents, employees, and authorized representatives from any liability in connection with the granted authorization.

Signed: _____ Date: _____

Parent's Printed Name: _____

It is important to note that the hospital may elect not to treat your child unless you, as the parent or guardian, are present. The Ocean City Recreation and Parks Department recommends that each parent contact the appropriate hospital and/or physician to arrange for treatment authorization in emergency situations.

Scamper Camp Health History and Emergency Information Form

Child's Name: _____ Age as of June 18, 2019: _____

Physician's Name: _____ Phone: _____

Emergency Contact Information

Parent (Mrs.): _____ Cell #: _____
Work #: _____ Home #: _____

Parent (Mr.): _____ Cell #: _____
Work #: _____ Home #: _____

Emergency Contact: _____ Phone: _____
Relationship: _____

Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? No Yes (please explain below)

Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of? No Yes (please explain below)

Immunization Information

<p>For campers who reside within the United States, a US territory, or the District of Columbia:</p> <p>State/territory in which the child resides: _____</p> <p>Is this child exempt from any immunizations? <input type="checkbox"/> No <input type="checkbox"/> Yes, please list _____ _____</p>	OR	<p>For campers who reside outside the United States, a US territory, or the District of Columbia:</p> <p>Country in which child resides: _____</p> <p>Attach Maryland DHMH-896 form (record of vaccination or immunity)</p>
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Signed: _____ Date: _____

Scamper Camp Field Trip Permission Slip

Child's Name: _____ Age as of June 18, 2019: _____

Each week Scamper Camp and the Ocean City Recreation Parks Department will take special field trips to offsite locations. In order to ensure the safety and well being of all campers, we require that this permission slip be completed for all trips that your child may attend during his/her stay at camp. Children without this permission slip on file will not be able to attend our exciting and rewarding field trips which may include, but are not limited to, beach days, water parks, and the zoo.

I, _____, give the Ocean City Recreation and Parks
(Parent's Name)
Department permission to transport _____ to and from
(Child's Name)
any and all field trips organized by the department and the Scamper Camp Staff. In addition, I give permission for my child to be transported to the Ocean City Public Safety Building (6501 Coastal Highway) in the event my child is not picked up from camp by the times stated in the Parent Handbook.

I do hereby for myself, my heirs and assigns, waive and release any and all claims to damage against the Town of Ocean City, the Ocean City Recreation and Parks Department, and its agents or authorized representatives conducting Scamper Camp as a result of any and all injuries incurred by the above listed participant from or while participating in Scamper Camp.

Signed: _____ Date: _____

Scamper Camp Payment Procedure

Payments for Scamper Camp are due by 5:00 p.m. the Friday prior to each session. Payments can be made in the following ways:

By Check or Money Order: At Northside Park or the Scamper Camp Office at OCES
Make checks payable to Town of Ocean City

By Cash: At Northside Park Only

By Credit/Debit Card: In person at Northside Park, or by phone (410-250-0125)

Campers may not bring payments to camp with them.

Signed: _____ Date: _____

Parent's Printed Name: _____