



Camp Horizon 2023

Registration Packet

Camp Dates: June 19 to August 11, 2023
(8 sessions)

**Registration Begins February 1st 2023 for
Ocean City residents/property owners
Non-resident registration begins
February 14th 2023**

Download a registration packet at
camps.oceancitymd.gov

Online registration is not available for Camp Horizon

Complete registration packet may be mailed to or dropped off at

Northside Park Recreation Complex

200 125th St Ocean City, MD 21842

410-250-0125

Discover an ocean of fun!
Ocean City Recreation & Parks



Dear Parents/Guardians,

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

Camp Horizon's Day Camp sessions are offered in one-week segments starting June 19, 2023. These sessions start each day at 9:00 a.m. and end at 4:00 p.m. Camp Horizon will be held at Ocean City Elementary School on Center Drive in West Ocean City and at the Ocean City Convention Center for our last week.

Camp Horizon Field Trip Week will be August 7-11 and offers five fun filled days of trips. Children must have attended TWO other weeks of camp in 2023 to be eligible to attend Field Trip week. During Field Trip Week camp will meet at the Ocean City Convention Center. Specific information about this session will be provided later in the summer to those enrolled.

Camp Horizon registration for all sessions starts on February 1st for Ocean City residents and property owners and February 14th for non-residents. Ocean City residents 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. For all campers age 5, a copy of the camper's birth certificate must be submitted along with the registration packet. Ocean City residents must include a \$20 non-refundable deposit for each session and non-residents must include a \$25 non-refundable deposit for each session.

Parent Packets confirming your registration in camp and other important camp information will be e-mailed by June 1, 2023. On behalf of the staff of Camp Horizon, I want to welcome you to another great year. It is going to be a fantastic summer.

Sincerely,

Denise Ortega

Denise Ortega
Recreation Supervisor

2023 Camp Horizon Session Information

Who: Children, Ages 5-12 years old

Dates: Session A: June 19 – 23
Session B: June 26 – 30
Session C: July 3 – 7**No Camp 4th of July *See Price Adjustment Below*
Session D: July 10 – 14
Session E: July 17 – 21
Session F: July 24 – 28
Session G: July 31 – August 4
Session H: August 7 – 11 *Field Trip Week - See Additional Information Below*

Days: Monday – Friday

Times: 9am – 4pm

Location: Ocean City Elementary School – West Ocean City
OC Convention Center – Field Trip Week ONLY

Price: \$150 Sessions A, B, D, E, F, G / OC Resident Discount Price with Proof of Residency \$125
\$125 Session C / OC Resident Discount Price with Proof of Residency \$100
\$192 Session H / OC Resident Discount Price with Proof of Residency \$160

Deposit: \$25 Deposit/Session
\$20 Deposit/Session – OC Resident Discount Price
Non-Refundable Deposits are required for each session at the time of registration.

Field Trip Week (Session H):

To be eligible to attend Field Trip Week/Session H, your child must attend at least TWO prior weeks of Camp Horizon 2023.

Field Trip Week will be based at the Ocean City Convention Center on 41st & the Bay

**** This packet must be completed in its entirety to be processed. Incomplete packets will not be processed until completed and space cannot be held. Please fill in all information before submitting for processing. ****

Camp Horizon Registration Form

First Name: _____ Last Name: _____

Gender: _____ Date of Birth: _____ Age as of June 19, 2023: _____

Grade in 2022-2023 School Year: _____ (5 years old must attach birth certificate)

Parent's Name(s): _____

E-mail Address: _____

Permanent Address: _____

Summer Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone Numbers: Parent 1: _____ Parent 2: _____

T-shirt Size: _____
Youth or Adult

Ocean City Resident/Property Owner: _____
Proof of OC residency attached: Yes or No

Please enroll my child in:

Session	√	Dates	Locale	Deposit	Total Paid
A		June 19 – 23	OCES	\$25 / \$20	
B		June 26 – 30	OCES	\$25 / \$20	
C		July 3 – 7*	OCES	\$25 / \$20	
D		July 10 – 14	OCES	\$25 / \$20	
E		July 17 – 21	OCES	\$25 / \$20	
F		July 24 – 28	OCES	\$25 / \$20	
G		July 31 - Aug 4	OCES	\$25 / \$20	
H		August 7 – 11*	OCCC	\$25 / \$20	

Office Use Only:

Total number of Sessions _____
 Total for Registered Sessions _____
 Deposit Amount Paid _____
 Total Due _____

TOWN OF OCEAN CITY, MARYLAND
MINOR PARTICIPATION WAIVER AND RELEASE OF LIABILITY

PROGRAM: _____ PARTICIPANT NAME _____

I hereby certify that I am the adult parent/guardian of _____, a minor child, who is under the age of eighteen years, and I consent to his/her participation in the above listed Program. I do so with the understanding that the participation of my child is at our own risk; including the potential transference of the COVID-19 virus; and if applicable, taking part in a program outside with all the inherent risks associated with being outdoors, including but not limited to, surface elevation irregularities and insects. I acknowledge and understand the dangers of being in public and participating in group programs for my child during the COVID-19 pandemic. I understand and acknowledge that I am fully aware of and assume the risks (including but not limited to the risk of serious bodily injury, death, property loss or damage) of my minor child's participation in the Program.

Furthermore, I, my spouse, my child and my/our agents, successors, personal representatives, assigns, heirs and next of kin, hereby expressly agree to indemnify, defend and hold the Town of Ocean City, its officials, officers, agents, employees, volunteers and representatives harmless from, for and against, any and all liabilities, claims, suits, demands, judgments, causes of action of any kind (at law or at equity), losses, damages, costs or charges (including attorneys' fees), related directly or indirectly to my child's participation in the above Program, including any and all injuries my child may sustain while participating in the Program and possible COVID-19 exposure.

I, and my spouse, covenant not to sue, and release, waive and discharge the Town of Ocean City, any of its departments, or its officials, officers, agents, employees, volunteers and representatives, all of whom for the purpose of this Release are referred to as Releasees, from all liability to myself and my child, and my/our agents, successors, personal representatives, assigns, heirs and next of kin, for any and all loss or damage on account of injury to my child's person or property, whether caused by the negligence of the Releasees or otherwise, while participating in the Program and while on Town of Ocean City property. I agree that the foregoing Release is intended to be as broad and inclusive as is permitted by the laws of the State of Maryland, and that if any portion of it is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

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Please Note: Due to the strenuous nature of some activities, participant is urged to consult his/her physician concerning his/her child's fitness to participate. All activities present certain inherent risks and hazards which the participant is urged to consider and which the participant assumes on behalf of his/her child. I recognize my responsibility to ensure my minor child participates only in a program for which he/she has the required skills, qualifications, training, and physical conditioning.

Photography: Participants may be photographed for publicity purposes while participating in said Program and agree to their image and likeness being used by the Town. I, on behalf of my child, consent to said photography and use of my child's images for publicity.

By signing below, I express my understanding and intent to enter into this Participation Waiver and Release of Liability willingly and voluntarily and assert that I am at least 18 years of age.

Signature (adult parent or guardian) _____ Date _____

Print Name: _____

Camp Horizon Swimming Information

Child's Name: _____ Age as of June 19, 2023: _____

Each week Camp Horizon spends one day (weather permitting) on the beach. In addition, some of the field trips involve water parks, pools, and waterslides. For the safety of your child we ask that you set your child's swimming limit for camp. Keep in mind that most of our swimming time is in the ocean! **Ocean City Beach Patrol will run a swim test each week and approve your suggested level.** Camp Horizon staff reserves the right to limit your child's swimming 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

Camp Horizon 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 Camp Horizon 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 Camp Horizon 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

Camp Horizon Health History and Emergency Information Form

Child's Name: _____ Age as of June 19, 2023: _____

Physician's Name: _____ Physician's Phone: _____

Emergency Contact Information

Parent: _____ Cell #: _____
Work #: _____ Home #: _____

Parent: _____ 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: _____

Camp Horizon Field Trip Permission Slip

Child's Name: _____ Age as of June 19, 2023: _____

Each week Camp Horizon and the Ocean City Recreation and Parks Department will take special field trips to offsite locations. In order to ensure the safety and wellbeing 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, trampoline park, 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 Camp Horizon 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 Camp Horizon as a result of any and all injuries incurred by the above listed participant from or while participating in Camp Horizon.

Signed: _____ Date: _____

**** Please monitor our website camps.oceancitymd.gov and our FaceBook page Camp Horizon & Scamper Camp – Ocean City, MD for Field Trip Schedule and updates. ****

Camp Horizon Payment Procedure

Balances must be paid 10 days prior to each session to secure your child's spot at camp.

Payments can be made in the following ways:

- 1) By Check or Money Order: At Northside Park (Please make checks payable to Town of Ocean City)
- 2) By Cash: At Northside Park Only
- 3) By Credit/Debit Card: In person at Northside Park or by phone 410-250-0125

Please initial that you understand and agree to this payment policy _____

Camp Horizon Pick Up Procedure

Child's Name: _____ Age as of June 19, 2023: _____

Children must be signed out at the end of each day with their camp counselor. If someone other than a parent or legal guardian will be picking up your child, please complete the form below with information on who is authorized to pick up your camper.

Person/s permitted to pick up my child:

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

Signature: _____ Date: _____

Parent's Printed Name: _____

