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
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
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:

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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.

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<th>Pool/Waterpark</th>
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<td>Swimmer</td>
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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?  ___ No  ___Yes (please explain below)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Immunization Information

For campers who reside within the United States, a US territory, or the District of Columbia:

State/territory in which the child resides: ______________

Is this child exempt from any immunizations?  ___ No  ___Yes, please list ______________
________________________________________________________________________

OR For campers who reside outside the United States, a US territory, or the District of Columbia:

Country in which child resides: ______________

Attach Maryland DHMH-896 form (record of vaccination or immunity)

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: ___________________________