

Scamper Camp 2023

Registration Packet



Camp Dates: June 20 to August 3, 2023
(Tuesday-Thursday, 9am-1pm 7 sessions)

Registration Begins February 1st 2023 for Ocean City residents and property owners and February 14th for non-residents

Download a registration packet at
camps.oceancitymd.gov

Online registration is not available for Scamper Camp

Complete registration packet may be mailed to or dropped off at

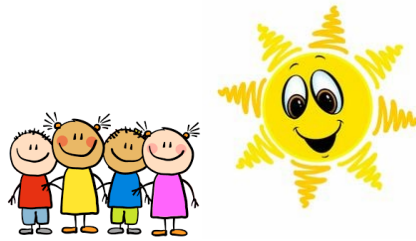
Northside Park Recreation Complex

200 125th St Ocean City, MD 21842

410-250-0125

**** Incomplete packets will not be processed until completed and space will not be held ****

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. We are unable to process incomplete packets and consequently cannot hold spaces.

Scamper Camp is offered in one-week segments. Scamper Camp is Tuesday, Wednesday, and Thursday from 9:00am – 1:00pm. Scamper Camp will operate out of Ocean City Elementary School on Center Drive in West Ocean City.

Scamper Camp registration for all sessions starts on February 1st for Ocean City residents and property owners. 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. Non-residents can register starting February 14th. For all Scamper Camp participants, a **copy of the camper's birth certificate must also be included** with the registration materials.

Ocean City residents must also 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 1st, 2023. On behalf of the staff of Scamper Camp, I want to welcome you to another great year. It is going to be a terrific summer.

Sincerely,

Denise Ortega

Denise Ortega
Recreation Supervisor

2023 Scamper Camp Session Information

Who: Children, Ages 3.5 – 5 years old

Dates: Session A: June 20 – 22
Session B: June 27 – June 29
Session C: July 5 & 6 (no camp 4th of July) **
Session D: July 11 – 13
Session E: July 18 - 20
Session F: July 25 – 27
Session G: August 1 – 3

Days: Tuesday – Thursday

Times: 9:00 a.m. – 1:00 p.m.

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

Price: \$90/session
Ocean City Resident discount price \$65.00/session
** \$66/session C
Ocean City Resident discount price \$44/session C

A \$25 (\$20 for OC Residents) 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 20, 2023: _____

Grade in 2022-2023 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 20 – 22	OCES	\$25 / \$20	
B		June 27 – 29	OCES	\$25 / \$20	
C		July 5 & 6*	OCES	\$25 / \$20	
D		July 11 – 13	OCES	\$25 / \$20	
E		July 18 – 20	OCES	\$25 / \$20	
F		July 25 – 27	OCES	\$25 / \$20	
G		Aug 1– 3	OCES	\$25 / \$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: _____

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.

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: _____

Scamper Camp Swimming Information

Child's Name: _____ Age as of June 20, 2023: _____

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. When Scamper Camp is at the beach, Ocean City Beach Patrol will administer a swim test for all campers. 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 20, 2023: _____

Physician's Name: _____ 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? 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? <input type="checkbox"/> No <input type="checkbox"/> 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)
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Signed: _____ Date: _____

Scamper Camp Field Trip Permission Slip

Child's Name: _____ Age as of June 20, 2023: _____

Each week Scamper Camp 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 time 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: _____

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

Scamper Camp Payment Procedure

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

Payments can be made in the following ways:

By Check or Money Order: At Northside Park **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)

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

Scamper Camp Pick Up Procedure

Child's Name: _____ Age as of June 20, 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: _____