



Ocean
City_{MD}

RECREATION
& PARKS

Discover an Ocean of Fun.

CAMP HORIZON 2025 Registration Packet

Camp Dates: June 23 to August 8, 2025
(weekly sessions)

Priority Registration Opens
February 3rd 2025 at 7:30am*
for Ocean City Residents and Property Owners

In-Person registration for Non-Residents will be held on
February 13th 2025 at 7:30am* at
Northside Park Recreation Complex

*We will have extended office hours until 6pm on the 3rd and 13th

Full registration will begin February 14th 2025 at 8:30am

Online registration is not available for Camp Horizon

Download a registration packet at
camps.oceancitymd.gov

Complete registration packet may be emailed to askrec@oceancitymd.gov

or mailed/dropped off at

Northside Park Recreation Complex
200 125th St Ocean City, MD 21842

****Priority is given to in-person registrations and although we will strive to process emailed or mailed registration the same day, there is no guarantee****



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January 1, 2025

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 23, 2025. Camp starts each day at 9:00 a.m. and ends 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 Field Trip week.

Camp Horizon Field Trip Week will be August 4-8 and offers five fun filled days of trips. Children must have attended THREE other weeks of Camp Horizon in 2025 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.

Priority registration for all sessions starts on February 3rd at 7:30am for Ocean City residents and property owners. Non-resident in-person only registration will be held on February 13th at 7:30am at Northside Park Recreation Complex and full registration opens February 14th at 8:30am. We will stay open until 6pm on the 3rd and 13th to accept registrations 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 \$25 non-refundable deposit for each session and non-residents must include a \$30 non-refundable deposit for each session. **ALL DEPOSITS ARE NON-REFUNDABLE AND ALL PAYMENTS WILL BE NON-REFUNDABLE WITHIN 10 DAYS PRIOR TO THE START OF EACH CAMP.**

Parent Packets confirming your registration in camp and other important camp information will be e-mailed by June 2, 2025. 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



2025 Session Information

Who: Children, Ages 5-12 years old

Dates: ~~Session A: June 16 – 20~~ * Canceled due to change in Worcester County School Calendar*
Session B: June 23 – 27
Session C: June 30 – July 3 *No Camp 4th of July *See Price Adjustment Below*
Session D: July 7 – 11
Session E: July 14 – 18
Session F: July 21 – 25
Session G: July 28 – August 1
Session H: August 4 – 8 *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: \$156 Sessions B, D, E, F, G
**OC Resident Discount Price with Proof of Residency \$130
\$125 Session C / OC Resident Discount Price with Proof of Residency \$105
\$198 Session H / OC Resident Discount Price with Proof of Residency \$165

Deposit: \$30 Deposit/Session
\$25 Deposit/Session – OC Resident Discount Price
Non-Refundable Deposits are required 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 THREE prior weeks of Camp Horizon 2025.

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. **

2025 Camp Horizon Registration Form

First Name: _____ Last Name: _____

Gender: M / F Date of Birth: _____ Age as of June 23, 2025: _____ (5 years old must attach birth certificate)

Parent/Guardian's Name(s): _____

E-mail Address: _____

Mailing Address: _____

OC Property Address: _____

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

Work Phone Numbers: Parent/Guardian 1: _____ Parent/Guardian 2: _____

T-Shirt Size: YXS YS YM YL AS AM AL AXL

Ocean City (on the island) Tax Payer: YES / NO

Ocean City Proof of Residency (West Ocean City does not qualify):

OC Current Tax Bill () OC Current Water Bill () OC Current Lease ()

Town of Ocean City Employee: YES / NO

Proof of Employment: Current ID () Current FF ()

Tax Payer/Employee's Name _____

Relation to Camper: _____

Please enroll my child in:

| Session | √ | Dates | Locale | Deposit | Total Paid |
|---------|---|------------------|--------|-------------|------------|
| B | | June 23 – 27 | OCES | \$30 / \$25 | |
| C | | June 30 - July 3 | OCES | \$30 / \$25 | |
| D | | July 7 – 11 | OCES | \$30 / \$25 | |
| E | | July 14 – 18 | OCES | \$30 / \$25 | |
| F | | July 21 – 25 | OCES | \$30 / \$25 | |
| G | | July 28 - Aug 1 | OCES | \$30 / \$25 | |
| H | | August 4 – 8 | OCCC | \$30 / \$25 | |

Town of Ocean City, Maryland
Participation Waiver and Release of Liability

PROGRAM: _____

PARTICIPANT NAME: _____ (print)

I hereby certify that I am the adult parent or guardian of _____, a minor child under the age of eighteen years, and I consent to his/her participation in the above listed Program, and I do so with the understanding that the participation of my child is at our own risk; specifically, in regard to 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 understand and acknowledge that I am fully aware of and assume the risks (including but not limited to the risk of serious bodily injury, illness, 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 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 or illness my child may sustain while participating in the program.

I, and my spouse, covenant not to sue, and release, waive and discharge the Town of Ocean City, any of its department, or its officials, officers, agents, employees 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 or her physician concerning fitness to participate. All activities present certain inherent risks and hazards which the participant is urged to consider and which the participant assumes. 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 eighteen years of age.

Signature (adult parent or guardian) _____

Print Name: _____

Date: _____

Camp Horizon Swimming Information

Child's Name: _____ Age as of June 23, 2025: _____

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 on campers marked chest or swimmer to 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 23, 2025: _____

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> <p>_____</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> |
|--|----|---|

Signed: _____ Date: _____

Camp Horizon Field Trip Permission Slip

Child's Name: _____ Age as of June 23, 2025: _____

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 Packet.

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 reminders, updates and our schedule. ****

Camp Horizon Payment Procedure

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

*****ALL DEPOSITS ARE NON-REFUNDABLE AND ALL PAYMENTS WILL BE NON-REFUNDABLE WITHIN 10 DAYS PRIOR TO THE START OF EACH CAMP WEEK*****

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 the Camp Horizon Office (after June 23, 2025) or at Northside Park or by phone 443-235-4414 (camp) or 410-250-0125 (main office)

Please initial that you understand and agree to this payment policy_____

Camp Horizon Pick Up Procedure

Child's Name: _____ Age as of June 23, 2025: _____

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. *ID will be checked by counselor to verify*

Person/s permitted to pick up my child:

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

Signature: _____ Date: _____

Parent's Printed Name: _____



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