



Camp Dates: June 24 to July 31, 2025
(Tuesday-Thursday, 9am-1pm 7 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 Scamper Camp

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****



January 1, 2025

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 3rd at 7:30am 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 at 7:30am on February 13th in-person only. On February 14th, full registration is open. Our front office will have extended hours until 6pm on the 3rd and 13th.

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 \$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 2nd, 2025. 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

2025 Scamper Camp Session Information

Who: Children, Ages 3.5 – 5 years old (must be born prior to December 17, 2021)

Dates: ~~Session A: June 17 & 18~~ *Canceled due to change in Worcester County School calendar

Session B: June 24-26

Session C: July 1-3

Session D: July 8-10

Session E: July 15-17

Session F: July 22-24

Session G: July 29-31

Days: Tuesday – Thursday

Times: 9:00 a.m. – 1:00 p.m.

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

Price: \$91.00/session

Ocean City Resident discount price \$67.00/session

A \$30 (\$25 for OC Residents) non-refundable deposit is required for each session at the time of registration.

2025 Scamper Camp Registration Form

First Name: _____ Last Name: _____

Gender: M / F Date of Birth: _____ Age as of June 24, 2025: _____

All campers must attach birth certificate.

Parent/Guardian's Name(s): _____

E-mail Address: _____

Mailing Address: _____

OC Property Address: _____

Phone Numbers:

Parent/Guardian 1 Cell: _____ Work: _____

Parent/Guardian 2 Cell: _____ Work: _____

T-shirt Size: YXS YS YM YL AS

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 Town of Ocean City Employment: Current ID () Current FF ()

Tax Payer/Employee's Name: _____

Relation to Camper: _____

Session	√	Dates	Locale	Deposit	Total Pd
B		June 24 – 26	OCES	\$30 / \$25	
C		July 1 – 3	OCES	\$30 / \$25	
D		July 8 – 10	OCES	\$30 / \$25	
E		July 15 – 17	OCES	\$30 / \$25	
F		July 22 – 24	OCES	\$30 / \$25	
G		July 29 – 31	OCES	\$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: _____

Scamper Camp Swimming Information

Child's Name: _____ Age as of June 24, 2025: _____

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 marked chest or swimmer. 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 24, 2025: _____

Physician's Name: _____ Phone: _____

Emergency Contact Information

Parent/Guardian: _____ Cell #: _____
Work #: _____ Home #: _____

Parent/Guardian: _____ Cell #: _____
Work #: _____ Home #: _____

Emergency Contact: _____ Phone #: _____
Relation to Camper: _____

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>
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Signed: _____ Date: _____

Scamper Camp Field Trip Permission Slip

Child's Name: _____ Age as of June 24, 2025: _____

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 reminders, updates and our schedule. ****

Scamper Camp 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 24, 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 _____

Scamper Camp Pick Up Procedure

Child's Name: _____ Age as of June 24, 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.

Person/s permitted to pick up my child:

_____ **Phone:** _____

_____ **Phone:** _____

_____ **Phone:** _____

Signature: _____ Date: _____

Parent's Printed Name: _____