

DEPARTMENT OF EVENT SERVICES

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Landover, Maryland 20785
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www.pgsportsandlearn.com



May 1, 2017

Dear Parent/Guardian:

The Prince George's Sports & Learning Complex (PGSLC) is excited to provide your child(ren) with a great 2017 Summer Camp experience! Your child(ren) will spend their time at summer camp learning their specialty, swimming, arts and crafts, etc. This summer will surely be one filled with fun and excitement for all! **Below is a list of items that are important for the easy transition into each camp session. Please read carefully!** ****REMEMBER the first day of camp is Monday, June 19, 2017!!****

Forms

There are several forms that are required to be completed and turned in prior to your child entering camp, most of which should have been done at the time of registration. These forms are **due by June 1st**, however, the earlier you turn them in the better! **It is highly recommended that parents make duplicate copies of all forms if you are participating in multiple M-NCPPC summers camp programs. Please note that forms do not transfer from site to site. Your child(ren) will not be able to attend any session without completed forms on-site.** These forms will again be available at Parent Orientation or can be retrieved at pgparks.com under **Things To Do/Day Camps and Playgrounds/Summer Day Camps/Day Camp Forms**. There will be a drop box at the Registration Activities Desk for any and all of the following forms:

- ✓ **Participant Profile**- This form was populated at the time of registration and will contain the following information: date of last tetanus shot, emergency contact (other than parent/guardian), is the participant a swimmer or non-swimmer and physician information. **(not included)**.
- ✓ **Authorization Form** – This form was produced at the time of registration and tells us who you authorize to pick up your child(ren) at the end of each day. Parents/ Guardians must list themselves as the authorized pick-up person as well. Campers will only be released to those individuals listed on the form; **please note that a picture ID is required at pick-up on a daily basis.** **(included)**
- ✓ **Health/Medication Form** – This form was generated during registration if it was indicated that the participant(s) has health issues such as allergies or other illnesses, take medication or use emergency medical devices such as inhalers or Epi-pens. Participants who take medication (either at camp or at home) **must** include this information on the form and the child's physician **must** sign the form. All participants must have a health record on file during all camp sessions if medications are administered. Campers that attend **non-Prince George's / Montgomery County Public Schools** must provide a copy of their Immunization Certificate or current Immunization record from the school that they attend. M-NCPPC summer camps will not accept Twinject, an auto-injectible epinephrine in accordance with Universal Precautions. **(included)**
- ✓ **Electronic Device/Personal Belongings Waiver** –We strongly discourage bringing or using electronic devices (including cell phones) while at camp. This indemnification form states that M-NCPPC is not liable or in any way responsible for loss, theft or damage to any camper's personal belongings. **(included)**

- ✓ **Specialized Activity Permission Slip & Waiver of Liability** – This form provides parental consent for any specialized and/or extracurricular activities that your child will participate in during camp that are deemed as "high risk". Please read carefully and provide your signature, date and return. *(included)*

Important Dates

- *June 1 (Thursday) – Full payment is due for sessions beginning on or before July 17th
- *June 15 (Thursday) Parent Orientation at 6:30pm
- *July 1 (Saturday) – Full payment is due for sessions beginning after July 17th
- *July 4 (Tuesday) – Happy 4th of July, no camp!

****Late fees will apply if camps are not paid in full on respective due dates. June 1st is the last date personal checks will be accepted. See camp brochure.****

Extended Care

The camp day takes place from **9am-4:30pm**. We do offer extended care services for all camp families. Before Care takes place from **7-9:00am** and After Care is from **4:30-6pm**. Parents must sign their child(ren) in/out daily for both the Before and After Care programs. Please see your Summer Camp Guide for the appropriate fees for both the before and after care programs.

Parent Orientation

Our Parent Orientation is designed to give you information regarding several topics. These include, but are not limited to, proper camp attire, rules/policies, camp staff, the camp day structure, activity schedules, parent handbook, swimming, etc. All first-time camp parents/guardians are strongly encouraged to attend this informative meeting. Orientation will take place on **Thursday, June 15th at 6:30pm in Town Hall**.

Parking

Signage will be provided to assist you in the drop off and pick up process. In the morning, ALL parents **MUST** park in a legal parking space and enter the building through the front doors. In the afternoon, please follow the signage and park in the designated parking area for Summer Day Camp. Parkers will help direct traffic the first few days of each session. Be sure to park in an allocated space at all times. Park Police will be on site to ticket any person not in a parking space.

In conclusion, please remember that **all** required forms are due in order for your child(ren) to be admitted into camp. You may return forms by mail to the Prince George's Sports & Learning Complex, 8001 Sheriff Road, Landover, MD 20785 c/o: Summer Day Camp Office, in person at the Activities Registration Desk Camp drop box, or at the Parent Orientation! Please do not hesitate to contact me for any question and/or concerns you may have. We look forward to providing your child(ren) with a fun and safe summer! See you on June 19th!

Sincerely,


Sherie McDaniel
Youth & Community Programs Manager
(301) 583-2582
Sherie.mcdaniel@pgparks.com



Summer Day Camp 2017

Basic FACTS for Parents/Guardians

Sign In / Out:

- All campers **MUST** be signed in and out on a daily basis.
- ID is required for sign out. **NO EXCEPTIONS!**
- **NO** one under 18 years of age is allowed to sign in/out a child(ren).
- All individuals authorized to sign out must be listed on the Day Camp Authorization form including each parent.

Parking:

- Parking is allowed **ONLY** in the designated spaces, not in front of the building! Tickets will be issued by the Park Police for violations.

What to wear / What to bring to camp:

- Camp attire is sneakers, shorts or sweat pants and T-shirt. **NO** open-toe shoes or sandals.
- Campers may also wear baseball caps and/or visors for outdoor play.
- Swim attire i.e. swim suit (one piece and/or swim top and bottoms for girls / swim trunks for boys, towels and/ or pool shoes -optional (**NO swimming on the first day of each camp Session with the exception of Swim & Fit, Junior Lifeguard and Teen Adventure Travel Camps**)).
- Absolutely **NO** electronics devices.
- Remember to always bring a positive **ATTITUDE** and a bright **SMILE**.

Lunch

- Parents are responsible for providing a bag lunch for their child(ren) daily.
Note: The Sports and Learning Complex will no longer offer the lunch program and WILL NOT be responsible for providing any meals and or snacks. However Simply Good Catering Service located in Betty's Cafe will provide a lunch program. Visit Betty's Café for brochure and menu details.
- Staff will notify parents if the child(ren) does not have their lunch and it will be the parents responsibility to make the necessary arrangements to provide lunch for their child(ren).
- Campers are not allowed to use the vending machines during camp program hours.
- Campers are not allowed in Betty's Café during camp program hours.

Camp Calendars:

- Camp calendars are distributed every session, listing your child's daily activities.
- Swim days are listed on your child's daily activity schedule.
- Camp wide "special activities" and on-site field trips will be posted for your awareness.
- Camp showcases will be held on the last Friday of each session. Parents are encouraged to attend!

EXTENDED CARE PROGRAMS:

- Before Care hours are from 7 am – 9am / After Care hours are from 4:30 pm – 6:00pm
- Before Care locations- **Field House:** Track & Field, Teen Adventurers Travel, Sports, Boxing, Dance, CIT, Junior Lifeguard
 - Gymnastics:** Gymnastics, Cheerleading, Martial Arts, Swim & Fitness
 - Learning Center:** Robotics (Teens/Children), Video Game Design (Teens/Children), Sewing
- After Care location -**Field House** for ALL campers registered for the extended care programs.
- 4:30pm Pick Up - Campers will be seated on the bleachers at the back entrance of the Field House. **(Photo ID is required and parents MUST sign out each day).**
- Early Pick -up Parents must pick-up their child(ren) from their home base, (i.e. Classroom, Gym, Field House or Studio if your camper is leaving early and picked up before 4:30pm. Please make note that ALL camps transition from their home base to snack and aftercare between 4:15 – 4:35pm. Parents should remain in the Field House at the sign-out table area until their campers arrive.

LATE FEES:

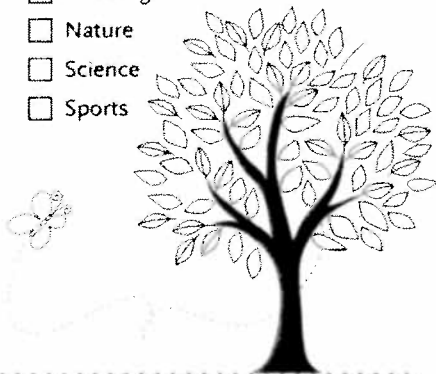
- A late fee will be assessed for campers who are not picked up by the program scheduled end time. The fee is \$5 per camper for every 15 minutes, or portion thereof, per child. Children that are not picked up by 4:30pm will be escorted to Room 128. Parents must report to Room 128 to receive their late pick up fee slip, make payment at the Activities Desk and return to Room 128 to sign their child(ren) out. Campers WILL NOT be allowed to return and/or participate in any M-NCPPC programs until all late fees are paid.

Plan Your Summer!

With so many great options to choose from, use this planning tool to jot down camps, dates, and barcodes.

What does my child enjoy?

- Aquatics
- Arts
- Computers/Technology
- Exploring
- Learning
- Nature
- Science
- Sports



"I would recommend this camp to others because of the quality customer service it provides to customers, the quality of concern for the parents considering work-life balance, and consideration of staffers that take pride in the children's needs."
 — Explorers Camp

June 12

Camp #1 _____
 Camp Barcode _____
 B/A Care Barcodes _____

Camp #2 _____
 Camp Barcode _____
 B/A Care Barcodes _____

June 19

Camp #1 _____
 Camp Barcode _____
 B/A Care Barcodes _____

Camp #2 _____
 Camp Barcode _____
 B/A Care Barcodes _____

June 26

Camp #1 _____
 Camp Barcode _____
 B/A Care Barcodes _____

Camp #2 _____
 Camp Barcode _____
 B/A Care Barcodes _____

July 3

Camp #1 _____
 Camp Barcode _____
 B/A Care Barcodes _____

Camp #2 _____
 Camp Barcode _____
 B/A Care Barcodes _____

July 10

Camp #1 _____
 Camp Barcode _____
 B/A Care Barcodes _____

Camp #2 _____
 Camp Barcode _____
 B/A Care Barcodes _____

July 17

Camp #1 _____
 Camp Barcode _____
 B/A Care Barcodes _____

Camp #2 _____
 Camp Barcode _____
 B/A Care Barcodes _____

July 24

Camp #1 _____
 Camp Barcode _____
 B/A Care Barcodes _____

Camp #2 _____
 Camp Barcode _____
 B/A Care Barcodes _____

July 31

Camp #1 _____
 Camp Barcode _____
 B/A Care Barcodes _____

Camp #2 _____
 Camp Barcode _____
 B/A Care Barcodes _____

August 7

Camp #1 _____
 Camp Barcode _____
 B/A Care Barcodes _____

Camp #2 _____
 Camp Barcode _____
 B/A Care Barcodes _____

August 14

Camp #1 _____
 Camp Barcode _____
 B/A Care Barcodes _____

Camp #2 _____
 Camp Barcode _____
 B/A Care Barcodes _____



Day Camp Authorization Form

This form to be completed for every day camp participant at each camp site

PARTICIPANT INFORMATION

Site name/program _____ SMARTlink Activity # _____

Participant name _____

Participant Address _____ Birthdate (M/D/Y) _____

PICK-UP POLICY

M-NCPPC Day Camp staff are authorized to release my child _____ to the individuals listed below. I understand that each authorized person must be at least sixteen (16) years old, and that my child will **NOT** be permitted to leave the camp with anyone not listed below. All authorized individuals will be required to show identification and sign the child out each day. My child may be released to the following individuals (**include yourself**):

Name	Phone Number	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

LATE PICK-UP FEE POLICY

A late fee of \$5 per participant for every 15 minutes (or portion thereof) will be assessed for participants who are not picked up by the program's scheduled closing time. (Example: If the camp ends at 4:30 pm and the participant is picked up at 5:12 pm, the assessed late fee is \$15.) We request that parents/guardians call the campsite if they are delayed for any reason. Regardless of reason, a late fee will still be assessed. Payment is due upon pick up of the participant. Thank you for your cooperation.

I have read, understand and agree to the above policies for the day camp programs.

Print parent/guardian name _____ Date _____ Signature _____



Health/Medication Form

Complete this form for any individual with medical/behavioral concerns, medication (prescription/over-the-counter), and/or emergency medical devices

GENERAL INFORMATION

Site name/program: _____ SMARTlink Activity #: _____

Name: _____

MEDICATION

The M-NCPPC medication policy differs for Day Camps and Playground/Teen Sites. Individuals enrolled in a Day Camp may self-administer a prescription, including emergency medical devices, and over the counter medications during day camp hours. However, ONLY emergency medical devices can be self-administered at Playgrounds/Teen Sites.

Individuals MUST be able to name and recognize their medication, and know the proper dosage and how to administer. The first dose of any new medication must be taken 24 hours prior to attending an M-NCPPC program. All medications must be in the original pharmaceutical container, including asthma inhalers. Program staff will verify in writing the amount of medications they have accepted for an individual (up to 2 weeks).

Name of Medication (includes emergency medical devices): _____

Reason for medication(s): _____ Medication Dose: _____

Directions for medication(s): _____

Possible side effects of medication(s): _____

MEDICATION TAKEN AT HOME: Parent Signature: _____ Date: _____

MEDICATION TAKEN DURING PROGRAM HOURS

A **PHYSICIAN** must complete and sign this section if individual is taking medication, including emergency medical devices DURING PROGRAM HOURS

Physician Signature: _____ Physician Name (printed): _____

Physician address: _____

Physician phone number: _____ Date: _____



WAIVER TO CARRY EMERGENCY MEDICAL DEVICE

All emergency medical devices (i.e. inhalers and EpiPens) must be carried on the individual's person at all times while attending either a day camp or playground/teen program. This section must be completed by a parent.

Due to the potential necessity for immediate medication distribution imposed by my child's life-threatening condition, I _____ hereby request that _____ be allowed to keep the appropriate prescribed device on his/her person while participating in all M-NCPPC activities.

The prescribed device is a EpiPen Asthma Inhaler Other: _____

ALLERGY/OTHER INFORMATION

Does the individual have any allergies staff should be aware of?

None Food Medication Environmental (pollen, poison ivy, etc.)

Describe Allergy: _____ Reaction Level: ___ Mild ___ Moderate ___ Severe

Required Treatment: _____

Are there any health concerns staff should be aware of?

No Yes Please Explain: _____

Are there any physical, psychiatric, behavioral, emotional, or developmental concerns staff should be aware of?

No Yes Please Explain: _____

Date of Last Seizure (if applicable): _____

RELEASE AUTHORIZATION

I hereby represent and warrant that the information pertaining to the individual listed above is correct. I am authorized to provide the waiver, medical information, and release authorization contained herein and agree to the M-NCPPC policies as stated above.

I agree to release the M-NCPPC and its agents from any and all liability arising as a result of this waiver.

Printed Name (Parent/Guardian if under 18) _____ Signature (Parent/Guardian if under 18) _____ Date _____

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE IMMUNIZATION CERTIFICATE

CHILD'S NAME _____
 LAST FIRST MI
 SEX: MALE FEMALE BIRTHDATE ____/____/____
 COUNTY _____ SCHOOL _____ GRADE _____
 PARENT OR GUARDIAN NAME _____ PHONE NO. _____
 ADDRESS _____ CITY _____ ZIP _____

RECORD OF IMMUNIZATIONS (See Notes On Other Side)

Vaccines Type														
Dose #	DTP-DTaP-DT Mo/Day/Yr	Polio Mo/Day/Yr	Hib Mo/Day/Yr	Hep B Mo/Day/Yr	PCV Mo/Day/Yr	Rotavirus Mo/Day/Yr	MCV Mo/Day/Yr	HPV Mo/Day/Yr	Dose #	Hep A Mo/Day/Yr	MMR Mo/Day/Yr	Varicella Mo/Day/Yr	History of Varicella Disease Mo/Yr	
1									1					
2									2					
3										Td Mo/Day/Yr	Tdap Mo/Day/Yr	FLU Mo/Day/Yr	Other Mo/Day/Yr	
4										_____	_____	_____	_____	
5										_____	_____	_____	_____	

To the best of my knowledge, the vaccines listed above were administered as indicated.

Clinic / Office Name
Office Address/ Phone Number

1. _____
 Signature Title Date
(Medical provider, local health department official, school official, or child care provider only)

2. _____
 Signature Title Date

3. _____
 Signature Title Date

Lines 2 and 3 are for certification of vaccines given after the initial signature.

LOST OR DESTROYED RECORDS: (Must be reviewed and approved by a medical provider or the local health department. See notes)

I hereby certify that the immunization records of this child have been lost, destroyed or are unobtainable.

Signed: _____ Date: _____
 Parent or Guardian

COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM IMMUNIZATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY IMMUNIZATIONS THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.

MEDICAL CONTRAINDICATION:

The above child has a valid medical contraindication to being immunized at this time.

This is a permanent condition temporary condition until ____/____/____

Check appropriate box, indicate vaccine(s) and reasons: _____

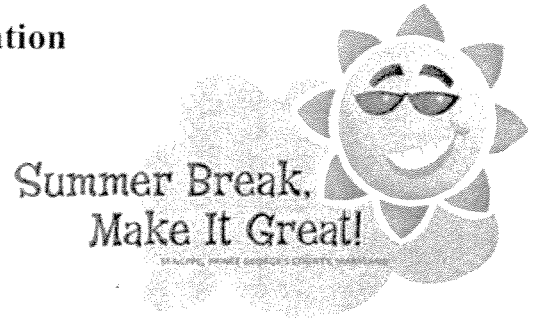
Signed: _____ Date _____
 Medical Provider / LHD Official

RELIGIOUS OBJECTION:

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any immunizations being given to my child. This exemption does not apply during an emergency or epidemic of disease.

Signed: _____ Date: _____

M-NCPPC
Department of Parks and Recreation
Prince George's County



Communication Device Hold Harmless/Indemnification

Site Name/Program _____

Participant/Staff Name _____

I, _____, shall indemnify and save harmless the Maryland-National Capital Park and Planning Commission ("Commission") from and against all actions, liabilities, claims, suits, damages, costs and expenses of any kind which may be brought or made against the Commission, due to injury, loss or damage to persons or property as a result of negligence or force majeure (including, but not limited to, inclement weather) arising from my participation in or employment with the Commission's Summer Day Camp Programs. The indemnification and save harmless provided herein also shall include, but shall not be limited to, personal property including personal electronics (i.e., cell phones, iphones, mp3 players, ipods).

If age 17 or under:

Print parent/guardian	Date	Signature
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If age 18 or older:

Print participant/staff name	Date	Signature
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SPECIALIZED ACTIVITY PERMISSION SLIP & WAIVER OF LIABILITY

Activity Location/Date/Time: _____ Cost: \$ _____

Name of Program _____

Name: _____ Male _____ Female _____ Age: _____

Name of Parent/Guardian: _____

Phone: (H) _____ (W) _____ (C) _____

Address: _____

Emergency Contact(s): _____

Phone: (H) _____ (W) _____ (C) _____

Please Indicate Medical Concerns/Allergies/Special Needs: _____

CHECK ALL SPECIALIZED ACTIVITIES THAT APPLY:

PARENT MUST INITIAL AFTER EACH CHECKED ACTIVITY.

- | | | |
|---|---|---|
| <input type="checkbox"/> AMUSEMENT PARK (Teens) _____ | <input type="checkbox"/> SWIMMING _____ | <input type="checkbox"/> WATERCRAFT _____ |
| <input type="checkbox"/> WHITEWATER RAFTING _____ | <input type="checkbox"/> ROCK CLIMBING _____ | <input type="checkbox"/> GO CARTS (Teens) _____ |
| <input type="checkbox"/> HORSEBACK RIDING (Teens) _____ | <input type="checkbox"/> ROAD CYCLING _____ | <input type="checkbox"/> ARCHERY _____ |
| <input type="checkbox"/> ARTISTIC GYMNASTICS _____ | <input type="checkbox"/> HIGH/LOW ROPES _____ | <input type="checkbox"/> SKATING _____ |

RELEASE OF LIABILITY & PARENT/GUARDIAN'S AGREEMENT/AUTHORIZATION/RELEASE: I understand that participation in the specialized activities set forth above carries inherent risks including the risk of serious injury or death. I acknowledge that any activity involving, but not limited to: water, height, motion, and rotation in a unique environment may be extremely hazardous. I understand and acknowledge that participation in any of the listed activities is purely voluntary, and participants should not participate in any activity beyond their physical or medical condition, which makes them uncomfortable, or which they consider unsafe. By way of this form, I authorize the staff of the M-NCPPC to obtain medical/hospital treatment for the above participant in the event of an emergency.

I hereby and represent that if the participant is a minor, I am his/her parent/guardian and authorized to provide the releases, authorizations, and permissions stated herein and all the information provided is accurate and complete. I hereby give permission for the participant named above to participate in the Maryland-National Capital Park and Planning Commission's program, including transportation in approved vehicles (M-NCPPC Vehicles, Board of Education School Buses, or Commercial Motor Coaches). I acknowledge that the M-NCPPC Department of Parks and Recreation has a policy for conduct in recreation programs and facilities and I hereby agree that the participant is subject to said policies, including the disciplinary provisions.

I, individually and on behalf of my child/ward, for any and all heirs and personal representatives, do hereby release and forever discharge the Maryland-National Capital Park and Planning Commission ("Commission"), as well as individuals and entities related to the Commission, including but not limited to the Commission's commissioners, directors, officers, employees, agents, principals, attorneys, and successors and all persons acting by, through, under or in concert with any of them from any and all claims, obligations, debts, demands, actions, causes of action, suits, accounts, covenants, contracts, agreements, and damages whatsoever of every name and nature, both in law and equity, which I now have or in the future may have relating to, occurring during, or arising out of, any injured sustained by me or my child as a result of his/her participation in the programs stated above.

PLEASE READ CAREFULLY. THIS RELEASE OF LIABILITY CONTAINS A RELEASE OF KNOWN AND UNKNOWN CLAIMS BY YOU AND YOUR CHILD. BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS RELEASE OF LIABILITY, AND KNOWINGLY AND VOLUNTARILY SIGN BELOW:

Signature of Participant or Parent/Guardian if participant is under 18

Date