



**City of Annapolis**  
**Recreation and Parks Department**  
 273 Hilltop Lane  
 Annapolis, MD 21403-1542



annapolis recreation & parks  
 Healthy Living Starts Here.

[RecPark@annapolis.gov](mailto:RecPark@annapolis.gov) • 410-263-7958 • Fax 410-626-9731 • TDD use MD Relay or 711 • [www.annapolis.gov](http://www.annapolis.gov)

**PARTICIPANT HEALTH AND INFORMATION FORM**

**General Information: (please print)**

Participant Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade Completed June 2020 \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

What is the best method to get into contact to you daily? \_\_\_\_\_

**Dismissal/Emergency Contact Information:**

*Person(s), other than parent/guardian, authorized to drop off/pick up participant and may be contacted in case of emergency.*

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Is the participant attending an extended day program? Yes No If yes, please list \_\_\_\_\_

Are there any custody issues we should be aware of? Yes No (If yes, attach a copy of court order or explanation)

**Please indicate your child's swimming ability:**

Non Swimmer      Beginner      Intermediate      Advanced

**Sunscreen and insect repellent are considered topical medications:**

It is recommended that parent/guardian apply these products to their child prior to arriving at the program. Staff can assist the child during the day if the signature line, date, and appropriate boxes are checked below.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Camper can apply \_\_\_\_\_

Permission for staff to apply \_\_\_\_\_

**(Note: Parent/Guardian must supply the product, clearly labeled with their child's first and last name on the bottle.)**

**Medication:**

Is the participant taking any medication? Yes No If yes, please list: \_\_\_\_\_

Will the participant need to take medication during program hours? Yes No

**If yes, you will need to complete the medication authorization form attached to this packet.**

**PARTICIPANT NAME** \_\_\_\_\_

**PROGRAM** \_\_\_\_\_

**LOCATION** \_\_\_\_\_

Health Issues and Modifications: (if more space is need, check here and include an attachment)

Are there any health problems including physical, psychiatric, or behavioral of which we need to be aware?

No Yes (If yes, please explain)

Are there any medication, dietary restrictions, allergies, or special needs that we need to be aware of to ensure your child's camp experience is positive? No Yes (If yes, please explain)

Information required by state regulations:

Participant's Primary Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_

All Campers are required to provide a record of vaccination or immunity – Department form DHMH-896

Is the child exempt from any immunizations? No Yes *If yes, please list and attach official documentation*

#### AGREEMENT TO PARTICIPATE

I understand:

1. That there are inherent dangers involved in participation in program activities.
2. That I am aware of the risks and hazards related to this activity.
3. The rules and regulations for each activity, as explained in any written materials and/or explained by staff.
4. The City reserves the right to use photographs or videos taken of the program that may include the participant

I Agree:

1. To obey the rules and regulations for this activity and to follow the directions of the staff.
2. To inform a staff member of any dangerous or potentially hazardous situation I have observed.
3. That if I do not understand how an activity is performed or how a piece of equipment is to be used, I will ask a staff member prior to beginning the activity.
4. To inform a staff member if I have any problem meeting the physical requirements necessary for participation in this activity.

Parent/Guardian: By my signature below, I hereby certify that I have reviewed the above "Agreement to Participate" with my child and that he/she understands his/her responsibilities as a participant

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

In emergencies requiring immediate medical attention, your child will be taken to the nearest hospital emergency room. Your signature authorizes the responsible person at the program to have you or your child transported to that hospital.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date