

## 2023 SUMMER CAMP REGISTRATION FORM

Please complete all **4 pages** for each camper and submit with payment to complete registration

Camper's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Grade entering in fall 2023 \_\_\_\_\_ Male Female

Address \_\_\_\_\_ WL resident? Y N

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Relationship to camper \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

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

### Others authorized to pick up camper or to contact in emergency:

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

Contact Number \_\_\_\_\_

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

Contact Number \_\_\_\_\_

**Each session costs \$300 per camper. Registration is not complete without payment in full.**  
**Session registering for:**

☐ August 7-11 Broadway on the Beach

☐ August 14-18 Animal Talk

**Number of sessions** \_\_\_\_\_ **x \$300 - applicable discounts\* = total due** \_\_\_\_\_

**\*Educators** with valid school ID and **Wilde Lake residents** with proof of Wilde Lake residency are eligible for a **10% discount** off each registration. If unsure, please call 410-730-3987 to confirm residency. *Please include photo of school ID or residency with registration materials.*

**Siblings** registering together are eligible for a **5%** discount each.

**Payment:**

\_\_\_\_\_ I agree to pay the total due using this credit card:

Name on Card \_\_\_\_\_ Type of Card \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

\_\_\_\_\_ I am mailing a check in the amount of the total due with my registration materials.

**Please make checks payable to WLCA** and mail with Registration Forms to:

Camps at Slayton House

10400 Cross Fox Lane

Columbia, MD 21044

**\*\*Please note that registration is not complete until full payment is received.**

Please call Jasmin Diaz at 410-730-3987 to pay over the phone or with any questions. You may also send questions to [events@wildelake.org](mailto:events@wildelake.org).



Camper Name \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact (Parent or Legal Guardian):  
 \_\_\_\_\_ phone \_\_\_\_\_

2<sup>nd</sup> Emergency Contact (Other than Parent Above):  
 \_\_\_\_\_ phone \_\_\_\_\_

### PARTICIPANT MEDICAL INFORMATION

Name of School Camper Attends \_\_\_\_\_ County \_\_\_\_\_

	Y	N	please describe
Does camper have any health concerns or special needs- including physical, psychiatric, or behavioral which may impact the camp day?			
Does the camper have any allergies or dietary restriction we should be aware of? What symptoms would s/he exhibit?			
Is the camper taking any **medication?			

### IMPORTANT NOTE REGARDING MEDICATION DURING CAMP:

**\*\* Camp employees may not administer medication. Arrangements must be made for parent/guardian to administer medication/s or for campers to self-administer any medication/s which must be taken during the camp day.**

ALL medication/s which are self-administered during Camp require a Medication Order Form signed by the parent and prescribing Physician on file. **You may request forms from the Camp Coordinator (410) 730-3987.**

### RECORD OF IMMUNIZATIONS

A copy of the camper's immunization records is required if the camper is **not** enrolled in the Maryland public/private school system. Does the camper have any immunization exemptions because of a parental or guardian objection or medical contraindication? \_\_\_\_ yes \_\_\_\_ no

### EMERGENCY MEDICAL INSURANCE INFORMATION

Name of Child's Health Insurance Co. \_\_\_\_\_

Subscriber Name \_\_\_\_\_ ID \_\_\_\_\_

Group Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

### AUTHORIZATION FOR MEDICAL TREATMENT

In the event of an EMERGENCY, Parent(s) / Guardian(s) will be contacted as soon as possible. Wilde Lake Community Association/Camp staff will proceed without delay to contact emergency medical personnel for immediate assessment and treatment.

For EMERGENCIES requiring immediate medical attention, I hereby authorize the staff of the Wilde Lake Community Association/Camp staff to have my child \_\_\_\_\_ transported to Howard County General Hospital and authorize medical treatment if necessary. I further authorize Wilde Lake Community Association/Camp and/or Howard County General Hospital to contact my child's physician and/or dentist (if needed) to obtain medical information for treatment of any emergency medical condition.

***I understand, certify, and agree to all of the above:***

**Signature of Parent / Legal  
Guardian** \_\_\_\_\_

**Date** \_\_\_\_\_

**WAIVER, RELEASE AND INDEMNIFY**

In connection with my child's participation in the Slayton House Theatre Summer Camps, I understand and voluntarily assume all risks inherent in the nature of this activity, and I waive all claims, costs, liabilities, expenses and judgments against Columbia Association, Inc. (CA), WILDE LAKE COMMUNITY ASSOCIATION (WLCA), Schoolhouse Theater Arts, Inc (STA), and all agents, partners, employees, and volunteers; and release CA, WLCA, STA, their partners, and their respective directors, officers, agents, representatives and employees from all claims, costs, liabilities, expenses and judgments arising out of my child's participation in the program. I further agree to indemnify CA, WLCA, STA, and their partners, directors, officers, agents, representatives and employees and hold all of them harmless from any and all claims, damages, actions, liabilities and expenses which may be asserted on behalf of my child in connection with any damages or injuries arising out of my child's participation in the program.

**PHOTO AUTHORIZATION**

\_\_\_\_ Authorization **IS** given to Slayton House Theatre Summer Camp, STA Staff to use Camp activity photos and/or videos taken of my child in marketing brochure/publicity issuances.

\_\_\_\_ Authorization **IS NOT** given to Slayton House Theatre Summer Camp, STA Staff to use Camp activity photos and/or videos taken of my child in marketing brochure/publicity issuances.

***I understand, certify, and agree to all of the above:***

**Signature of Parent / Legal Guardian**\_\_\_\_\_

**Printed Name of Parent/Legal Guardian**\_\_\_\_\_

**Date**\_\_\_\_\_