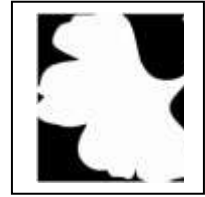


Cylburn Arboretum Nature Camps
For Ages 6- 11
CAMPER APPLICATION 2012



Camper applications will be processed on a first come-first served basis with Cylburn Arboretum Association members given priority until March 9, 2012. The fee for each session is **\$200** for members and **\$250** for non-members. Our receipt of your completed application and **\$75** non-refundable deposit will reserve a space for your child. Your balance of either **\$125** or **\$175**, must be paid by **June 1, 2012**. Refunds less the deposit will be granted when written notification (e-mail acceptable) is received one month prior to start of camp session. If the session you selected is filled, please indicate a second choice. The curriculum for each session is listed by the week. Please mail completed applications to: Cylburn Nature Science Camp, 4915 Greenspring Avenue, Baltimore, Maryland 21209. Thank you.

Camp Sessions 9 a.m.- 3 p.m.

- Week 1 June 25-29 Cylburn Nature Camp (6-11 year olds)
- Week 2 July 9-13 Cylburn Nature Camp (6-11 year olds)
- Week 3 July 16-20 Nature Science Quest (10-11 year olds)
- Week 4 July 23-27 Cylburn Nature Camp (6-11 year olds)

Indicate your
2nd choice:

Refer to the list of questions regarding the camp found on the Cylburn website for a detailed description of the camp sessions.
<http://www.cylburnassociation.org/subpages/CylburnNatureScienceCamp.html>

Camper Information

Child's name _____

Birth date _____ Age at camp _____ Gender: Male__ Female__ Height _____ Weight _____

Home address _____

School _____

Emergency Contact Information

Primary Contact _____ Relationship _____

E-Mail Address: _____ Phone: home _____ business _____ cell _____

Home address _____

Secondary Contact _____ Relationship _____

Address _____

E-Mail Address: _____ Phone: home _____ business _____ cell _____

T Shirt Size: Youth ___ Sm ___ Med ___ Large Adult ___ Sm ___ Med ___ Large

Rules for acceptance and participation in the programs at Cylburn Arboretum are the same for everyone, regardless of ethnic background, religion, or gender.

Parental Signature Form
Please Initial Each Section and Sign in the Space Provided

Camper Name (please print) _____

Behavior and Cancellation Agreement (Initial _____)

I agree that my camper will cooperate and accept camp standards of behavior. Failure in this area may result in camp discipline or dismissal. The Camp Director and/or Camp Administrator have the right to dismiss any child for behavioral problems. I agree and understand that in all cases of dismissal, homesickness, or voluntary withdrawal, there will be *no refund of any fees*. Once accepted all cancellations must be in writing and submitted to the camp office no less than one month prior to the expected arrival date to receive a full refund. For the June 25th session, the refund deadline is May 25th; for the July 9th session, June 11th; for the July 16th session, June 18th; and for the July 23rd session, June 25th. If not received, I will be charged for the full balance. There are no exceptions. The Cylburn Arboretum Association reserves the right to refuse any applicant and to cancel any reservation.

Cylburn Arboretum Association STANDARD RELEASE STATEMENT (Initial _____)

I hereby release the Board of Directors of the Cylburn Arboretum Association, employees and volunteers from all claims or actions of every nature and description.

Baltimore City STANDARD RELEASE STATEMENT (Initial _____)

I hereby release the Mayor and City Council of Baltimore, its elected and appointed officials, employees and volunteers from all claims or actions of every nature and description.

Emergency Transportation Agreement and Release (Initial _____)

In the event of a medical condition or emergency requiring transportation of the above named Camper to the Sinai Hospital emergency room but not requiring a call to 911 or an ambulance, I agree and acknowledge that transportation may be provide by Staff of Cylburn Nature Science Camp by private car (driven by a properly licensed driver, with seat belts used by all passengers), or any other reasonably prudent and available means to secure immediate medical attention. I hereby agree and acknowledge that such means of transportation may be used, and consent to its use.

Application of Sunscreen (Initial _____)

Is Cylburn Staff is Allowed to Assist Camper in Application of Sunscreen? (check one): ____ yes ____no

Application of Bug Spray (Initial _____)

Is Cylburn Staff Allowed to Assist Camper in Application of Bug Spray? (check one): ____ yes ____no

Permission to Publish Images of My Child (Initial _____)

I do grant Cylburn permission to publish images of my child. (check one): ____ yes ____no

Parent/guardian signature _____ **Date** _____

Registration Check List

Return the following application materials to: **Cylburn Nature Science Camp,**
4915 Greenspring Avenue, Baltimore, MD 21209 Phone: 410-367-2217 x104 Fax 410-367-7112

- Camper Application
- Parental Signature Form
- Departure/Pickup Form
- Camper Health History form
- Registration and Payment Information Form
- If paying by check, make the check payable to the Cylburn Arboretum Association.

To contact the camp office, please e-mail camp@cylburnassociation.org.

DEPARTURE/PICK-UP FORM Cylburn Nature Science Camp

Cylburn Nature Science Camp MINOR CAMPER RELEASE POLICY

No camper will be allowed to leave camp with someone other than his/her custodial parent/guardian unless written permission is granted (below) by the custodial parent/guardian. (Special permission may be granted by custodial parent/guardian in writing no later than the morning of the day the child is to be released to another person.) We will release campers to either parent unless directed by court order to do otherwise. Adults dropping off and picking up campers will be asked to initial our drop-off/pick-up forms before removing a camper from our premises.

My camper, _____, can be released to the following people:

Custodial parent/guardian: _____

Second custodial parent/guardian: _____

Other guardian(s): _____

For a camper to walk or bike home alone, you must give **written permission** below:

My child . . .

Has my permission _____ (initials of custodial parent/guardian) **to walk and/or bike to and from camp each day alone.**

Does not have my permission _____ (initials of custodial parent/guardian) **to walk and/or bike to and from camp each day alone.**

My signature below means I understand the Cylburn Arboretum Association minor release policy and have indicated above the adults to whom my child may be released.

Parent/Guardian signature

Date

Parent/Guardian printed name

Registration and Payment Information

Camper Name (please print) _____

Cylburn Arboretum Association members are given first priority to camp spaces until March 9, 2012. Individual applications must be completed for each child in a family. Applications should be mailed with payment to the **Cylburn Nature Science Camp, 4915 Greenspring Avenue, Baltimore, MD 21209**, or call the office with your credit card information at 410-367-2217. Cancellation requests may be e-mailed to camp@cylburnassociation.org. See cancellation deadlines for each session below.

Membership Information

- Yes, our family is a member of the Cylburn Arboretum Association.
- No, our family is not a member of the Cylburn Arboretum Association.

If not, are you interested in joining the Association? Members, including those who join now, are eligible for priority registration. The cost for a family/household membership is \$50.

Amount Due

- Non-refundable camp deposit of \$75 to reserve a spot. Balance of \$125 or \$175 due June 1, 2012.
- Camp fee \$200 or \$250 for one session.
- Household/Family membership \$50

Amount included with this registration form: _____

Payment Method

- Checks should be made out to the Cylburn Arboretum Association.
- VISA/MASTERCARD:

Name on Card: _____

Card Number _____ EXP Date _____

Security Code: _____ Signature: _____

Registration Cancellation Policy: The Cylburn Arboretum Association reserves the right to cancel a camp session due to insufficient enrollment. If a session is canceled, all fees will be refunded. If you withdraw a camper before a session begins, you must submit your request in writing to the camp office no less than one month prior to the expected arrival date to receive a full refund, minus the \$75 non-refundable deposit. For the June 25th session, the refund deadline is May 25th; for the July 9th session, June 11th; for the July 16th session, June 18th; and for the July 23rd session, June 25th. Sorry no exceptions are made.

I have read and understand the Registration Cancellation Policy. _____

Signature of parent/guardian

Wait List: If the sessions are filled, would you like to be placed on a wait list? _____ yes _____ no

CAMPER HEALTH HISTORY-DAY CAMP

CHILD'S NAME: _____

The following information is required for a camper to be admitted to day camp:

CAMPER IMMUNIZATION INFORMATION

All campers must be current on all immunizations, see www.EDCP.org (Immunization).

1. Provide date (month and year) of camper's last tetanus (or DTP) shot: _____

2. Is the camper currently enrolled in a Maryland school: _____
 _____ YES, provide name of Maryland school: _____
 _____ NO, provide a copy of immunizations confirming that the child has received all immunizations as required by the Maryland DHMH Recommended Childhood Immunization Schedule. See www.EDCP.org (Immunization) for information.

3. Is the camper from any immunization on medical or religious grounds?
 _____ YES, provide a signed copy of Maryland Department of Health and Mental Hygiene Immunization Certificate from either a licensed physician indicating that the immunization is medically contraindicated, or the parent or guardian indicating that they object to immunizations for religious reasons.
 _____ NO

CONTACT INFORMATION:

Parent or Legal Guardian:	Phone:
Emergency Contact Person:	Phone:
Camper's Physician:	Phone:

HEALTH INFORMATION: Provide information on any medical conditions, psychological conditions, behavioral conditions, medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive.

My child is subject to:		
Check all that apply:		Please specify allergens:
	ASTHMA—controlled by medication? yes/no Is an inhaler required? yes/no (If yes, please provide medication and written instructions to Camp Director.)	N/A
	INDOOR/OUTDOOR ENVIRONMENTAL ALLERGIES – controlled by medication? yes/no emergency medication required? yes/no (If yes, please provide medication to Camp Director.)	
	FOOD ALLERGIES—controlled by medication? yes/no emergency medication required [i.e., EPI-pen, etc.]? yes/no (If yes, please provide medication to Camp Director.)	
	allergies to MEDICATIONS	
	OTHER illness or disease that requires special treatment or precautionary care (Please specify illness/disease and special care necessary)	
	NO HEALTH ISSUES- issues that will affect his/her participation in camp activities.	N/A

PLEASE NOTE: Counselors will be trained in CPR and First Aid. If your child requires any medical treatment that exceeds the basic First Aid that can be administered by our counselors, we will call an ambulance to ensure your child's safety and well-being. Our health supervisor is on staff at Sinai Hospital. **ALL MEDICATION and INSTRUCTIONS THAT YOUR CHILD NEEDS TO TAKE DURING CAMP HOURS MUST BE GIVEN TO THE CAMP DIRECTOR AT THE START OF EACH WEEK OR CAMP DAY.** Your child may not carry or administrator his or her own medication, for his or her safety and for that of the other campers and staff.

Parent or Legal Guardian's Signature: _____ Date: _____