** Camp Accokeek 2023 **

**Camper Information**

Camper Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade entering in 2023: \_\_\_\_\_\_

 Date of Birth: \_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_

Camper Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade entering in 2023: \_\_\_\_\_\_

 Date of Birth: \_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_

Camper Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade entering in 2023: \_\_\_\_\_\_

 Date of Birth: \_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_

**Parent/Guardian Information:**

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Camper \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission is hereby granted for my child/children to ride in the commuter vans to all field trips, parks, and pool, and to take part in all camp activities and camp sponsored field trips away from the camp premises. I understand that all campers participate at their own risk, and I do not hold Camp Accokeek or anyone employed by the camp responsible for accidents. I absolve Camp Accokeek from responsibility for accidents.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature Date**

** Camp Accokeek 2023 **

**Sunscreen Authorization**

This form must be completed and signed for sunscreen to be applied at camp.

Camper Name: 1)

Camper Name: 2)

Camper Name: 3)

Brand of Sunscreen:

Any known allergies to sunscreen?

I give permission to Camp Accokeek staff to assist my son/daughter in the application of sunscreen: Circle: **yes** or **no**

------------------------------------------------------------------------------------------------------------

**Swim Test Authorization**

**Camper Name:**

**Swimming experience**: 🞏 None 🞏 Beginner 🞏 Intermediate 🞏 Advanced

Answer the following statements **YES** or **NO**:

\_\_\_\_\_ My child has permission to participate in swimming activities in the pool. Areas will be

 assigned based on his/her swimming ability.

\_\_\_\_\_ My child has permission to take the swim test administered by a certified lifeguard at the

 Moyaone Pool.

 If my child passes the swim test:

\_\_\_\_\_ I give permission for my child to swim in the **deep** **end** of the pool.

\_\_\_\_\_ I give permission for my child to swim in the **diving** **well** of the pool.

I understand that my child will be supervised while in the pool and around the pool grounds. I acknowledge that if my child does not pass the swim test, he/she will be assigned to the shallow end of the pool.

**Parent/guardian Signature: Date:**

MD DHMH requirement COMAR 10.16.07.14

** Camp Accokeek 2023 **

**Camper Account Information**

Camper Name: 1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camper Name: 2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camper Name: 3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weeks you would like to enroll your child/children (please check all that apply):

* **Week 1: June 19 – 23**
* **Week 2: June 26 – 30**
* **Week 3: July 3 - 7. Closed July 4. Fee is prorated**
* **Week 4: July 10 - 14**
* **Week 5: July 17 - 21**
* **Week 6: July 24 - 28**
* **Week 7: July 31 – 4 August**
* **Week 8: August 7 - 11**
* **Week 9: August 14 - 18**

\*Camp Accokeek only accepts forty campers per week, and we fill up quickly. So be sure to register your child/children for all weeks desired as early as possible.

Please let the director know of any changes to your schedule as the summer progresses.

** Camp Accokeek 2023 **

**Swim Test Authorization**

**Camper Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_**

**Swimming experience**: 🞏 None 🞏 Beginner 🞏 Intermediate 🞏 Advanced

Answer the following statements **YES** or **NO**:

\_\_\_\_\_ My child has permission to participate in swimming activities in the pool. Areas will be

 assigned based on his/her swimming ability.

\_\_\_\_\_ My child has permission to take the swim test administered by a certified life guard at the

 Moyaone Pool.

 If my child passes the swim test:

\_\_\_\_\_ I give permission for my child to swim in the **deep** **end** of the pool.

\_\_\_\_\_ I give permission for my child to swim in the **diving** **well** of the pool.

===========================================================================

**Camper Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_**

**Swimming experience**: 🞏 None 🞏 Beginner 🞏 Intermediate 🞏 Advanced

Answer the following statements **YES** or **NO**:

\_\_\_\_\_ My child has permission to participate in swimming activities in the pool. Areas will be

 assigned based on his/her swimming ability.

\_\_\_\_\_ My child has permission to take the swim test administered by a certified lifeguard at the

 Moyaone Pool.

 If my child passes the swim test:

\_\_\_\_\_ I give permission for my child to swim in the **deep end** of the pool.

\_\_\_\_\_ I give permission for my child to swim in the **diving** **well** of the pool.

I understand that my child will be supervised while in the pool and around the pool grounds. I acknowledge that if my child does not pass the swim test, he/she will be assigned to the shallow end of the pool.

**Parent/guardian Signature: Date:**

MD DHMH requirement COMAR 10.16.07.14