

# Knights of Columbus Day Camp

The Knights of Columbus Council #2809 is beginning our nineteenth year of camp at 9450 Cherry Hill Road in College Park, MD. Camp runs from 8:30 a.m. to 3:30 p.m. with before-care starting at 7:00 a.m. and after-care ending at 6:00 p.m.

The camp day includes morning group activities such as arts and crafts, sports, and swim lessons. After lunch, we have free swim until snack time.

Our counselors are local high school and college students full of great ideas to fill our long summer days.

We accept campers from ages 4-15 (other ages based on director's discretion). Younger children are grouped together with extra counselors. Students in eighth grade and older are counselors in training. [Please note, as of 2009, CITs must have attended camp previously.]

For more information about camp, please call Anne Irwin (240) 389-2267 or by email [kofccamp@gmail.com](mailto:kofccamp@gmail.com). Visit our website for our policies and medical forms.

## Cost

**There is a one-time deposit of \$35 that is applied to the camp fee for the session. Full payment is due the day that the camp session starts.**

**Day Camp:** \$175, \$145 for Knights of Columbus Members

**Before-Care:** \$20    **After-Care:** \$45

**Counselor in Training:** \$125 (Extended care not included) [Must have attended camp previously]

Session	Dates
1	June 17-21*
2	June 24-28
3	July 1-5**
4	July 8-12
5	July 15-19
6	July 22-26
7	July 20-August 2
8	August 5-9
9	August 12-16

\*If schools are in session during this week, this session will be pro-rated 20% for each day from the total for the week. School calendar or notice must be presented for discount.

\*\*This session will be pro-rated 20% from the total for the week because camp will not be held on July 4th.

**Please mail the registration form to**

**Anne Irwin**

**Knights of Columbus Day Camp**

**9450 Cherry Hill Road**

**College Park, MD 20740**

**Deposit checks made payable to the Knights of Columbus.**

**<http://kofccamp.wordpress.com>**

## Camper Registration

**(Each camper must have registration form filled out *completely*)**

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

Camper \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent Work \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Grade ('19-'20) \_\_\_\_\_ School: \_\_\_\_\_

Swim Level :      Unknown      Non-swimmer      Beginner  
                                 Advanced      Beginner      Intermediate      Advanced

INSURANCE: I hereby inform the Knights of Columbus that I will assume any and all medical coverage for the above named participant and that said coverage shall be adequate to cover any and all possible accidents or injuries to the above named participant received during any phase of this program.

RELEASE: I hereby release and agree to hold harmless the Knights of Columbus, its employees, volunteers, and other participants from any act of commission or omission which may result in any personal injury or property damage arising out of the above named participant's participation in this program. I further agree to save harmless the Knights of Columbus, its employees, volunteers, and other participants from all losses, costs, and expenses (including attorney's fees and court costs), settlement payment (whether or not reduced final judgment ) and all liabilities, damages, and fines paid, incurred, or suffered by the Knights of Columbus by reason of, or arising out of injuries to persons (including death) or property damage cause by or attributed to the above named participant's participation in this program.

PARTICIPATION AND POLICIES: I give my child permission to participate in all camp activities including swimming. I also acknowledge that I have read and understand the parent policies (located at <http://kofccamp.wordpress.com>)

SUNSCREEN: I give the Knights of Columbus Camp staff members permission to assist my child in applying sunscreen. My child uses \_\_\_\_\_ (brand) sunscreen and the bottle is marked with their name. I will also apply sunscreen at home to my child before camp.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Circle Session Numbers:    1    2    3    4    5    6    7    8    9

Before-care:                      Yes    No

After-care:                        Yes    No

Your registration confirmation will be emailed to you. Please provide an email address:

\_\_\_\_\_ Do you need a receipt once camp is over?    Yes    No (Receipts are mailed once camp is over for the summer)

**YOUTH CAMP HEALTH HISTORY**  
**CAMPER**

Child's Name: \_\_\_\_\_

Current residence: \_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

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

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

Primary Care Physician or  
other provider of medical care: \_\_\_\_\_ Phone: \_\_\_\_\_

**HEALTH INFORMATION:**

Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware?  YES  NO

YES, Explain: \_\_\_\_\_

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

Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive?  YES  NO

YES, Explain: \_\_\_\_\_

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

**IMMUNIZATION INFORMATION:**  
**Must list current residence above.**

For campers who currently reside **within** the United States, a United States territory, or the District of Columbia: Does the camper have any immunization exemptions because of a parental or guardian objection or medical contraindication?  YES  NO

YES, List: \_\_\_\_\_

For campers who reside **outside** the United States, a United States territory, or the District of Columbia: Attach record of vaccination or immunity on Department form MDH-896.

Parent or Legal Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_