

Knights of Columbus Day Camp

The Knights of Columbus Council #2809 is beginning our seventeenth 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. 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:** \$35

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

Session	Dates
1	June 18-22
2	June 25-29
3	July 2-6**
4	July 9-13
5	July 16-20
6	July 23-27
7	July 30-August 3
8	August 6-10

**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**

<http://kofccamp.wordpress.com>

Camper Registration

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

Parent/Guardian _____

Camper _____

Address _____ Phone _____

Parent Work _____

(Circle) Male Female Date of Birth ___/___/___

Grade ('17-'18) _____ 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.blogspot.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

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)

CAMPER HEALTH HISTORY

Child's Name: _____

The following information is required:

1st Emergency Contact
(Parent or Legal Guardian): _____ Phone: _____

2nd Emergency Contact
(Other than Parent Above): _____ Phone: _____

Child's Physician: _____ Phone: _____

HEALTH INFORMATION:

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

YES, Explain: _____

2. 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? NO

YES, Explain: _____

IMMUNIZATION INFORMATION:

For campers who reside within the United States, a United States territory, or the District of Columbia:



For campers who reside outside the United States, a United States territory, or the District of Columbia:

1. State/territory in which child resides:

2. Is this child exempt from any immunizations? NO

YES, List them: _____

1. Country in which child resides:

2. Attach Department form DHMH-896 (record of vaccination or immunity)

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