

REGULAR REGISTRATION

Begins Friday, March 1

Reserve your camper's spot by simply paying the \$50 nonrefundable registration fee per camper and leaving a credit card on file in our secured system. If balance has not been paid in full, any unpaid balances will be charged to the card on file on June 7.

2019 PRICES

Registration begins Friday, March 1

	CA members/ Columbia Cardholders	Non-members	Week of July 4 CA members/ Columbia Cardholders	Week of July 4 Non-members
Access to Nature Camp 1 week • Grades K-8	\$575	\$600	N/A	N/A
Art Camp 1 week • Grades 1-8	\$300	\$315	\$240	\$252
Art Camp 2 weeks • Grades 1-8	\$555	\$580	N/A	N/A
Back to Basics Lacrosse Camp 1 week • Grades 2-9	\$375	\$375	N/A	N/A
Basketball Camp 1 week • Grades 3-10	\$255	\$270	N/A	N/A
Camp C.O.O.K. 1 week • Grades 3-5	\$300	\$315	\$240	\$252
Camp Extra 1 week • Grades K-5	\$300	\$315	N/A	N/A
Camp Make a Difference 1 week • Grades 6-8	\$300	\$315	\$240	\$252
Grand Slam Tennis 2 weeks • Grades 3-9	\$505	\$530	\$454.50	\$477
Little Explorers 2 weeks • Grades 1-3	\$525	\$550	\$472.50	\$495
My First Camp 2 weeks • Ages 3½-5	\$525	\$550	\$472.50	\$495
Nature Camp at Lake Elkhorn 2 weeks • Grades K-5	\$580	\$605	\$522	\$544.50
Nature Camp at Wilde Lake Park 2 weeks • Grades K-5	\$580	\$605	\$522	\$544.50
Nature Extreme at Wilde Lake Park 2 weeks • Grades 6-8	\$620	\$645	\$558	\$580.50
Skateboard Camp 1 week • Grades 2-7	\$300	\$315	\$240	\$252
Sports Camp 1 week • Grades 1-6	\$310	\$325	\$248	\$260
S.T.E.A.M. Innovators 2 weeks • Grades 3-5	\$580	\$605	\$522	\$585
Tennis, Golf and Swim 2 weeks • Grades 3-9	\$505	\$530	N/A	N/A
Trek (Junior) 1 week • Grades 3-5	\$370	\$385	N/A	N/A
Trek (Senior) 1 week • Grades 6-8	\$370	\$385	N/A	N/A

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REGISTRATION FORM 2019 SUMMER CAMPS

One form per camper (photocopy additional copies if needed). Please retain a copy of this form for your records. Please check your form for accuracy.

Camper's last name Please enter info on line above.	Camper's first name	Date of birth (MM/DD/YY)	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female
Camper's street address (Apt #) PO boxes are not applicable. City State ZIP				Grade child is entering in fall 2019:
Check boxes at right if applicable. <input type="checkbox"/> I live/work full time on CA-assessed property. <input type="checkbox"/> We are CA members/Columbia Cardholders. <input type="checkbox"/> I am applying for the Income-Qualified Program.				

Contact information Please list phones in order that you would like to be contacted.

Camper lives with	Parent/guardian name	Relationship to child	Phone one	Phone two

Emergency contacts	<i>List two additional adults who know their names are being furnished to CA, have permission to pick up your child, and should be contacted in the event of an emergency if you cannot be contacted. (Additional names may be furnished in writing on the first day.)</i>

Please note that unless a court order is on file with the Camps office, non-custodial parents will be authorized to pick up child on a daily basis and may be notified in case of an emergency should we be unable to reach the custodial parent.

Email address One per household (please print clearly) _____
This will be used for communications regarding Columbia Association summer camp information. Your email address will be kept confidential.

Medical information

Has your child **not** received any immunizations due to religious or medical reasons?
 Yes No If yes, call the CA Camps office at 410-715-3165 to receive the release exemption form.

Physician's name	Physician's phone number	Month/year of last tetanus shot (DTP) required by the state of Maryland <small>Failure to supply date will result in return of registration form. Previous records are not kept by CA.</small>
Does camper have any current or past special and/or medical conditions <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please fill out Special Care Form (found at ColumbiaCamps.org)		
Does camper have any dietary restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____		
Does camper have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____		
Does camper take medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list medication(s) below _____		

A Medication Order Form (found at ColumbiaCamps.org) must be completed for each medication camper will take during the camp session and/or extended care. Please bring a completed Medication Order Form and medication to the camp site on first day of camp.

Terms and conditions *Registration in the program denotes:*

- Authorization for CA to use any photographs or video in which your child may appear.
- Permission for child to participate fully in camp activities, including off-site and overnight trips (if included in the programming).
- Certification that child is in good health and has been seen by a physician within the past year.
- Your signature indicates your understanding and agreement with the terms and conditions set forth herein (including all the pages and attachments to this registration packet), and you agree to pay all fees and related charges as they become due. The parent/legal guardian hereby agrees with Columbia Association, Inc. (CA) to the following by affixing your signature. In connection with your child's participation in camp ("the Program"), you understand and acknowledge the nature and extent of the activities that will be involved in the Program and assume the risk inherent in such activities on behalf of yourself and on behalf of your child(ren). You voluntarily waive any and all claims, costs, liabilities, expenses (including attorney's fees), and judgments against CA, its directors, officers, employees, servants, subcontractors and agents and hereby release, excuse and discharge CA, its directors, officers, employees, servants, subcontractors and agents from all claims, expenses (including attorney's fees), and judgments that may arise out of my child's/children's participation in the Program and all aspects attendant thereto.
- You further agree to indemnify and hold CA, its directors, officers, employees, servants, subcontractors and agents harmless from any and all claims, liabilities, expenses (including attorney's fees) and judgments that may arise out of your child(ren)'s participation in the program. You give Columbia Association permission to provide basic medical treatment to your child, if needed. You also give permission for Columbia Association to transport your child to the nearest hospital for emergency treatment, and for that hospital to treat your child, including hospitalization, anesthesia, surgery and medication. The hospital is authorized to disclose to Columbia Association's Camps Director (or his/her designee) the child's protected health information, including examination findings, test results and treatment, for purposes of communication with the camper's parents or guardian and/or determination of the camper's ability to continue in camp activities.

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