

09-10 REGISTRATION FORM

MUST be signed by legal guardian.

The League ~ Camping & Therapeutic Recreation

1111 E. Cold Spring Lane, Baltimore, MD 21239 ~ 410-323-0500

STOP!!! Register faster online at www.leagueforpeople.org!

If you register online you DO NOT need to fill out this form or the Skills Check List. You will fill them out online!

PARTICIPANT INFORMATION

Participants Name: _____ Nick Name: _____ Sex: ___ Male; ___ Female

DOB: _____ Age: _____ Social Security Number: _____

Mailing Address: _____ Disability (Please Describe) _____

City: _____ State: _____ County: _____ Zip: _____

Home Phone: _____ Contact Name: _____

Legal Guardian(s): _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ Email: _____

REGISTRATION INFORMATION Please mark the program(s) for which you are registering. A **\$75 deposit** is due for each Weekend Respite program that you choose (**\$200 for Winter Camp**), and a **\$400 deposit** is due for each Assisted Travel program. Please note: All deposits are non-refundable and non-transferable. If a cancellation is made with less than 7 days notice, no refund of tuition payments will be made.

Weekend Respite 2009-2010:

Transportation (Round trip from The League)

___ 12/28-1/2 Winter Camp 2009; Winter Paradise (\$1395)

*No transportation available for Winter Camp

___ 1/22-24, 2010 Super Hero Weekend (\$395)

___ Super Hero Weekend (drop off 4pm Fri, pick up 3pm Sun) \$65

___ 2/5-7, 2010 Outer Space Weekend (\$395)

___ Outer Space Weekend (drop off 4pm Fri, pick up 3pm Sun) \$65

___ 2/19-21, 2010 Everyone's A Chef Weekend (\$395)

___ Everyone's A Chef Weekend (drop off 4pm Fri, pick up 3pm Sun) \$65

___ 2/26-28, 2010 Disney Magic Weekend (\$395)

___ Disney Magic Weekend (drop off 4pm Fri, pick up 3pm Sun) \$65

___ 3/26-28, 2010 Spring Fever Weekend (\$395)

___ Spring Fever Weekend (drop off 4pm Fri, pick up 3pm Sun) \$65

___ 4/16-18, 2010 Bedrock Weekend (\$395)

___ Bedrock Weekend (drop off 4pm Fri, pick up 3pm Sun) \$65

Assisted Travel 2010:

Sailing 2010:

___ 1/8-15, 2010 Dreamin' in Disney (\$1950)

___ April 13, 20 & 27, 2010 (\$75)

___ 4/25-5/2, 2010 Cruisin' With Carnival (\$1950)

___ May 4, 11 & 18, 2010 (\$75)

TOTAL TUITION TO BE PAID: _____ - **Deposit(s)** _____ = **Amount to be paid** _____

PAYMENT OPTIONS Please check off a payment method that works for you. We accept cash, check, money order, Visa, MasterCard, Discover, or American Express. **NOTE: If paying by credit card, please submit card number, expiration date, and amount to be charged.**

___ **Option 1:** Pay out of pocket at least 1 week prior to the weekend respite program and/or 4 weeks prior to any assisted travel program.

___ **Option 2:** Funds to come from the Autism Waiver program. Please provide the following information. **A plan of care must be forwarded.**

Autism Waiver Service Coordinator: _____ Phone: _____

Amount to charge to the Waiver: \$ _____ Medicaid Number: _____ Social Security Number: _____

*Please note that if we are denied payment via the Autism Waiver or other service organization, the family will be held responsible for any monies due.

___ **Option 3:** Funds to come from another service organization. For this option we must receive a letter of intent to pay.

Name and Address of Organization: _____

Amount to be paid: \$ _____ Contact Person: _____ Phone: _____

*Please note that your registration will not be processed without the appropriate deposit/letter of intent.

EMERGENCY CONTACTS Each participant must have at least one person who will be available to pick them up should the need arise.

Emergency Contact #1: _____ Relationship: _____

Day Phone: _____ Night Phone: _____ Cell Phone: _____

Emergency Contact #2: _____ Relationship: _____

Day Phone: _____ Night Phone: _____ Cell Phone: _____

Emergency Contact #3: _____ Relationship: _____

Day Phone: _____ Night Phone: _____ Cell Phone: _____

RELEASE STATEMENT *MUST be signed by a legal guardian*

Activity Release: I, as a parent or guardian of the Participant, understand that The League takes reasonable efforts to operate and conduct activities in a safe and responsible manner. These activities include, but are not limited to: arts and crafts, music, games, horseback riding, sports, hiking, water sports (e.g., swimming, tubing, fishing, boating, etc), vehicular transportation, field trips, amusement park rides and/or exposure to nature (e.g., weather conditions, animals, plants, insects, rugged terrain, etc.). I understand that these activities and the actions and/or inactions of other program participants involve certain inherent risks. I recognize these risks and agree to assume all liability for these risks by allowing the Participant to attend The League's camping programs, therapeutic recreation programs and/or other activities, and participate in such programs and/or activities. I hereby release, indemnify and hold harmless The League, its officers, agents, employees and all others from all liability and damages for injury, illness and/or death sustained by the Participant relating to or deriving in any way from participation in The League's camping programs, therapeutic recreation programs and/or other activities, whether arising from an act or omission to the fullest extent permitted by law.

Initials: _____

Supervision Ratio: I, as a parent or guardian of the Participant, understand that The League generally provides supervision of participants at the following participant to staff ratio: Summer Camp 2:1, Day Camp 2:1, League Pioneers 3:1, and Travel Camp 3:1. Although counselors will be living in the same cabin (Summer Camp), camp site (Pioneers) or room (Travel Camp) as campers, The League does not provide Over-Night Awake staffing. I understand if additional support is needed, the parent or guardian must make arrangements with the Manager of Participant Services at 410.323.0500 x309 as The League is able to provide 1:1 staffing, for a fee, on a limited basis, or may be able to accommodate a personal care aid to attending with the participant.

Initials: _____

Transportation Release: With my signature, I acknowledge that I understand that as part of my participation in services provided by The League for People with Disabilities, Inc. (hereafter referred to as "The League") transportation may be provided to me for program related purposes by a staff member in a League vehicle or in a staff member's personal vehicle. I understand that it is my responsibility to adhere to all safety requirements (for example, using seatbelts and remaining seated).

Initials: _____

Medical Release: With my signature, I certify that I will accept emergency services offered by The League for injury and/or illness. I hereby acknowledge that the designated first aid person in charge may perform emergency care and I hereby grant permission to The League to release any medical information required by said individual and do hereby give permission for treatment. I understand that medical care will be provided to me according to the standards of the Maryland Institute of Emergency Services and said designated first aid person is protected from liability under the Good Samaritan Act.

Initials: _____

Missing Person's Release: I hereby give consent to The League to take a recent photograph of me and keep it on file, to be used in the event a missing person's report must be filed. I also give my consent to The League to release this photograph and other necessary information to the Baltimore and/or Maryland State Police and any other agency for the sole purpose of filing a missing person's report. With my initials, I certify that I have read above and/or had the information read and explained to me.

Initials: _____

Photo Release: I hereby give my consent to The League and its authorized representative to use my likeness in any and all photographs, videos and other forms of written or oral communication for the purpose of marketing, public relations, publicity and all other activities The League shall deem necessary to fulfill its stated mission. I also give consent to The League to extend the above authorization to any third party for marketing, public relations, publicity and any other activity The League shall deem necessary to fulfill its stated mission. Further, I give my consent to display my likeness in any part of The League's facility, as well as slide shows, videos, displays and other forms of written and oral communication for the purposes of marketing, public relations, publicity and all other activities The League shall deem necessary to fulfill its stated mission. This consent is authorized without any expectation of compensation or remuneration to be paid to me by The League, or any third party, for the use of my likeness in photographs, videos or any other form of oral or written communication The League shall deem necessary to fulfill its stated mission.

Initials: _____

My initials above indicate that I have read, understand, and agree with each corresponding section of the release statement. I also understand that Camping & Therapeutic Recreation reserves the right to determine sending a participant home, at the participant's expense, if a participant exhibits inappropriate behavior, is sick for more than 24 hours, or is not having a successful recreational experience. This is done at the discretion of the Director.

Signature: _____ **Date:** _____

If you have any questions about the registration process, please contact:

For Camp Information and Staff Services:

Bill Morgan, Director
Phone: 410-323-0500 ext. 366

For Registration and Participant Services:

Kathy Tingler, CTRS, Manager, Participant Services
Phone: 410-323-0500 ext. 309

FOR OFFICE USE ONLY:

_____ Enrolled in program(s) _____ Entered in Camp Register _____ Confirmation Sent