

REGISTRATION FORM 2010

MUST be signed by legal guardian.

The League ~ Camping & Therapeutic Recreation

1111 E. Cold Spring Lane, Baltimore, MD 21239 ~ 410.323.0500 ~ F: 410.323.3298

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 Sheet. 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 \$200 deposit is due for each program that you choose (\$350 for travel camp). 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. For Family Adventure Weekend, please include a list of names and ages of those attending.

Summer Camp

___ Session 1: Youth 6/16-23 (\$1600)
___ Session 2: All Ages 6/26-7/3 (\$1600)
___ Session 3: Adult 7/6-7/13 (\$1600)
___ Session 4: Adult 7/16-7/27 (\$2400)
___ Session 5: All Ages 7/31-8/9 (\$2000)
___ Session 6: Youth 8/13-8/21 (\$1800)

League Pioneers

___ Session 1: Ages 13+ 6/16-6/23 (\$1120)
___ Session 2: Ages 13+ 6/26-7/3 (\$1120)
___ Session 3: N/A
___ Session 4: N/A
___ Session 5: Ages 13+ 7/31-8/7 (\$1120)
___ Session 6: Ages 13+ 8/13-8/20 (\$1120)

Greentop Day Camp

___ Session 1: Youth 6/17-6/22 (\$720)
___ Session 2: Youth 6/27-7/2 (\$720)
___ Session 3: N/A
___ Session 4: N/A
___ Session 5: Youth 8/1-8/8 (\$960)
___ Session 6: Youth 8/14-8/20 (\$840)

Travel Camp

___ Session 1: Washington DC/Baltimore 6/17-6/20 (\$900)
___ Session 2: Pittsburgh, PA 6/27-7/2 (\$1350)
___ Session 3: Philadelphia, PA 7/7-7/12 (\$1350)
___ Session 4: Upstate New York 7/17-7/22 (\$1350)
___ Session 5: The Beaches (of MD & DE) 8/2-8/7 (\$1350)
___ Session 6: Lancaster County, PA 8/13-8/16 (\$900)

Family Adventure Weekend

___ Family Adventure Weekend: 5/28-30
___ Adults (\$150) ___ Youth (\$110) ___ Whole Cabin (\$1000)

TOTAL TUITION TO BE PAID: _____ - Deposit(s) _____ = Amount to be paid by MAY 15 _____

PAYMENT OPTIONS Please check off a payment option that works for you. Please remember that all payments are due by May 15. 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 by installments with the final balance paid by 5/15/10

___ **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 _____

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

Name of Organization: _____ Amount to be paid: _____

Contact Person: _____ Phone: _____

EMERGENCY CONTACTS

Each participant must have 3 emergency contacts.

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.

Signature: _____ **Date:** _____

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

Bill Morgan, Director
Phone: 410-323-0500 ext. 366
Email: bmorgan@leagueforpeople.org

Kathy Tingler, CTRS, Manager, Participant Services
Phone: 410-323-0500 ext. 309
Email: ktingler@leagueforpeople.org