

Montgomery Parks 2012
Summer Camp and Hosting Facilities
Addresses, Phone Numbers and Faxes

NOTE: All camps require the Medication Form (page 4) to be on file at the camp location for your child the FIRST DAY; otherwise your child may not be able to participate. Some camps require a special form Waiver of Liability (page 5) to be completed and on file along with the other required forms; camps requiring the special forms are marked with in **red with an asterisk**.

For MOST camps, you may mail or fax the complete forms to the locations listed below.

For these four camps only: Bring your completed forms to camp on the first day. Should you have any questions concerning these camps, please call 301-495-2527.

Outdoor Adventure Camp

Tennis & Ice Skating Camp

Should you have any questions concerning these camps, please call Wheaton Ice at 301-905-3000.

Summer Inline Skating Camp

Summer Skateboard Camp

Ice Rinks

Cabin John Ice Rink

10610 Westlake Drive

Rockville, MD 20852

www.cabinjohnice.com

(301) 765-8620 fax: (301)-469-6196

Freestyle Camp*

Ice Hockey Camp*

Summer Fun Ice Skating Camp*

Synchronized Skating Camp*

Wheaton Ice Rink

11717 Orebaugh Avenue

Wheaton, MD 20902

www.wheatonicearena.com

(301) 905-3000; **no faxes please**

Figure Skating Camp*

Ice Hockey Camp*

Synchronized Skating Camp*

Week in the Park*

Tennis Centers

Pauline Betz Addie Tennis Center at

Cabin John Regional Park

7801 Democracy Boulevard

Bethesda, MD 20817

www.cabinjohntennis.com

(301)- 765-8650 fax: (301)-365-7572

Tennis & Golf Camp

Tennis Boot Camp

Wheaton Indoor Tennis

11715 Orebaugh Avenue

Wheaton, MD 20902

www.wheatontennis.com

(301) 905-3030 fax: (301)-649-1576

Tennis & So Much More

Tennis Boot Camp

Nature Centers

Black Hill Regional Park

20926 Lake Ridge Drive
Boyd's, MD 20841

www.blackhillnature.org

(301) 916-0220 fax: (301)-515-9520

Advanced Fishing Camp*

Ancient Pathways

Babes in the Park Camp

Beginning Fishing Camp*

Butterflies of the MD Piedmont

Dragonflies of the Maryland Piedmont

Earthkeepers Camp

Family Adventure Kayak and Canoe Camp*

Nuts About Nature Camp

Outdoor Rangers Camp

River Adventures Kayak Camp*

Wild About Water

Brookside Nature Center

1400 Glenallan Avenue
Wheaton, MD 20902

www.brooksidenature.org

(301) 962-1480 fax: (301)-962-8476

CIT Camp

Expedition Force – Northwest Branch

Fire Works Camp

Forest Acrobats

Little House in the Big Woods

Native Ways Camp

Nature Tales

Naturally Creative

Parent and Child Nature Camp

Parent and Child Nature Art Camp

Splish, Splash, Drip, Drop

Telling Tales Camp

Locust Grove Nature Center

7777 Democracy Boulevard
Bethesda, MD 20817

www.locustgrovenature.org

(301) 765-8660 fax: (301)-469-0759

Bookworms

Dinosaurs Rock!

Extreme Nature Camp

Living on the Land

Nature Film School Camp

Nature Tykes

Spineless Wonders

Wild in the Woods

Meadowside Nature Center

5100 Meadowside Lane
Rockville, MD 20855

www.meadowsidenature.org

(301) 258-4030 fax: (301)924-1034

American Girl Camp

Animal Discovery Camp

Chesapeake Week*

Grandparent-Grandchild Nature Camp

iHelp*

iHike*

Junior Naturalist Outdoor Adventure Camp*

Little House on the Praire (meets at Ag. History Farm)

Nature and Science Camp

Ponds, Puddles, & Pools

Wee Little Farmers (meets at Ag. History Farm)

Wee Little Nature Explorers

Wings of Wonder Camp

Other Locations

Ag. History Farm

18400 Muncaster Rd
Derwood, MD 20855

Send forms to Meadowside Nature Center

**Little House on the Praire (meets at Ag.
History Farm)**

**Wee Little Farmers (meets at Ag. History
Farm)**

Brookside Gardens

1800 Glenallan Avenue
Wheaton, MD 20902

www.BrooksideGardens.org

(301) 962-1400 fax: (301)-962-7878

A Garden Focus!

Botanical Art Camp

Butterfly Flutterby

Garden Impressionists

Green Thumb Garden Club

Growing Green Gardening Camp

In the Garden with Monet and Mozart

Needwood Mansion

6700 Needwood Road
Rockville, MD 20855
(301) 840-5848

For information about the registration and
programs at Needwood Mansion contact
Meadowside Nature Center 301-924-4141.

**Archaeology Leader Training Workshop
for Teens**

Archaeology Camp

South Germantown Recreational Park

Driving Range

18045 Central Park Circle
Boyd's, MD 20841

www.SGDrivingRange.com

(301) 670-4675

Fax: (301) 601-4411

Beginner/Intermediate Golf Camp

Golf & So Much More



Day Camp Medication Form

This form must be completed in full for all participants who require medication to be administered during a program or session.

■ Site Name/Program _____ ParkPASS Course # _____

The Maryland-National Capital Park and Planning Commission's, (M-NCPPC) policies regarding medication needs of participants during program hours are as follows:

- Each medication (i.e. prescription and over-the-counter) to be taken, or medical device (inhaler/Epi-pen) used during program hours requires completion of the physician's authorization section below.
- M-NCPPC staff is not authorized to administer medication. Staff may remind individuals and distribute medication to the participant.
- M-NCPPC staff will accept up to a two-week supply of medication in its original pharmaceutical container that will be verified (counted) with parent/guardian when initially left at camp. Please include an extra day's dosage for overnight trips.
- Parent/guardians are solely responsible for ensuring that an adequate quantity of medication is provided to staff with the physician's written instructions for distribution.
- All medication or medical devices must be stored in a locked storage box provided by M-NCPPC at the site which will accompany participants on the various trips.
- If a participant 18 & under requires immediate access to an Epi-pen or asthma inhaler, the waiver below must be completed and signed by a parent/guardian. This will allow the participant to carry the device.

Participant Address _____ Birth Date(M/D/Y) _____

Participant Name _____

A. PHYSICIAN'S AUTHORIZATION

This section must be completed and signed by physician for every participant who requires any type of medication or medical device during program hours.

- Name of medication(s) _____
- Reason for medication(s) _____ Medication dose _____
- Special directions for medication _____
- When is medication to be taken? _____
- Possible medication side effects _____
- Physician's signature _____ Printed name _____ Date _____
- Physician's address _____ Physician's phone number _____

B. WAIVER ALLOWING PARTICIPANT TO CARRY EPI-PEN/ASTHMA INHALER

This section must be completed, and signed by a parent/guardian for every participant who requires that an Epi-pen and/or asthma inhaler be kept on his/her person while participating in an M-NCPPC activity.

Due to the potential necessity for immediate medication distribution imposed by my child's life-threatening condition, I _____, hereby request that _____ be allowed to keep the appropriate prescribed device on his/her person while participating in all M-NCPPC activities. The prescribed device is _____ Epi-pen _____ asthma inhaler.

I understand that to qualify for this exemption, this child must be capable of safely storing the necessary Epi-pen or asthma inhaler on his/her person (fanny pack or pocket) and using the device appropriately.

C. MEDICATION/RELEASE AUTHORIZATION

I hereby represent and warrant that if the participant is a minor, I am his/her parent/guardian and authorized to provide the release, authorization and waiver contained herein and agree to the M-NCPPC policies as stated above. I agree to release the M-NCPPC and its agents from any and all liability arising as a result of this waiver.

PRINT PARENT/GUARDIAN NAME

SIGNATURE

DATE



THE MARYLAND-NATIONAL CAPITAL PARK AND PLANNING COMMISSION
MONTGOMERY COUNTY, DEPARTMENT OF PARKS

SPECIALIZED ACTIVITY PERMISSION SLIP & WAIVER OF LIABILITY

Activity Location/Date/Time: _____

Name of Program _____

Name: _____ Male _____ Female _____ Age: _____

Name of Parent/Guardian: _____

Phone: (H) _____ (W) as listed on Participant Profile (C) as listed on Participant Profile

Address: as listed on Participant Profile

Emergency Contact(s): as listed on Participant Profile

Phone: (H) as listed on Participant Profile (W) as listed on Participant Profile (C) as listed on Participant Profile

Please Indicate Medical Concerns/Allergies/Special Needs: _____

CHECK ALL SPECIALIZED ACTIVITIES THAT APPLY:

PARENT MUST INITIAL AFTER EACH CHECKED ACTIVITY.

	<u>Parent Initials</u>		<u>Parent Initials</u>		<u>Parent Initials</u>		<u>Parent Initials</u>
<input type="checkbox"/> AMUSEMENT PARK	_____	<input type="checkbox"/> WATERCRAFT	_____	<input type="checkbox"/> SWIMMING	_____	<input type="checkbox"/> OTHER:	
<input type="checkbox"/> WHITEWATER RAFTING	_____	<input type="checkbox"/> ROCK CLIMBING	_____	<input type="checkbox"/> GO CARTS	_____	_____	_____
<input type="checkbox"/> HORSEBACK RIDING	_____	<input type="checkbox"/> ROAD CYCLING	_____	<input type="checkbox"/> ARCHERY	_____	<input type="checkbox"/> OTHER:	
<input type="checkbox"/> ARTISTIC GYMNASTICS	_____	<input type="checkbox"/> HIGH/LOW ROPES	_____	<input type="checkbox"/> SKATING	_____	_____	_____

RELEASE OF LIABILITY & PARENT/GUARDIAN’S AGREEMENT/AUTHORIZATION/RELEASE: I understand that participation in the specialized activities set forth above carries inherent risks including the risk of serious injury or death. I acknowledge that any activity involving, but not limited to: water, height, motion, and rotation in a unique environment may be extremely hazardous. I understand and acknowledge that participation in any of the listed activities is purely voluntary, and participants should not participate in any activity beyond their physical or medical condition, which makes them uncomfortable, or which they consider unsafe. By way of this form, I authorize the staff of the M-NCPPC to obtain medical/hospital treatment for the above participant in the event of an emergency.

I hereby and represent that if the participant is a minor, I am his/her parent/guardian and authorized to provide the releases, authorizations, and permissions stated herein and all the information provided is accurate and complete. I hereby give permission for the participant named above to participate in the Maryland-National Capital Park and Planning Commission’s program, including transportation in approved vehicles (M-NCPPC Vehicles, Board of Education School Buses, or Commercial Motor Coaches). I acknowledge that the M-NCPPC Department of Parks and Recreation has a policy for conduct in recreation programs and facilities and I hereby agree that the participant is subject to said policies, including the disciplinary provisions.

I, individually and on behalf of my child/ward, for any and all heirs and personal representatives, do hereby release and forever discharge the Maryland-National Capital Park and Planning Commission (“Commission”), as well as individuals and entities related to the Commission, including but not limited to the Commission’s commissioners, directors, officers, employees, agents, principals, attorneys, and successors and all persons acting by, through, under or in concert with any of them from any and all claims, obligations, debts, demands, actions, causes of action, suits, accounts, covenants, contracts, agreements, and damages whatsoever of every name and nature, both in law and equity, which I now have or in the future may have relating to, occurring during, or arising out of, any injured sustained by me or my child as a result of his/her participation in the programs stated above.

PLEASE READ CAREFULLY. THIS RELEASE OF LIABILITY CONTAINS A RELEASE OF KNOWN AND UNKNOWN CLAIMS BY YOU AND YOUR CHILD. BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS RELEASE OF LIABILITY, AND KNOWINGLY AND VOLUNTARILY SIGN BELOW:

Signature of Participant or Parent/Guardian if participant is under 18

Date