



## 2019 Camper Application Claggett Specialty Camps

### Specialty Camps at Claggett

At all Claggett camps, young people are invited into an experience of Christian community. We seek to offer campers:

- ☆ love and acceptance
- ☆ time away from the routines of everyday life
- ☆ opportunity to enjoy the beauty of God's creation
- ☆ chances to embrace their creativity
- ☆ new supportive friendships
- ☆ the opportunity to develop life skills
- ☆ the experience of sharing the love of God for all people in community.

We offer two camps that are targeted to reach children who have common experiences, and which we are pleased to offer at no cost to campers' families. They are:

- **Camp Amazing Grace:** a ministry of The Claggett Center and the Episcopal Diocese of Maryland, providing Maryland children who are affected by the incarceration of a parent or other loved one with a summer camp experience. (August 2-4)
- New in 2019, **Camp SpiritSong** provides a camp experience especially for children who are affected by the opioid addiction of a loved one. This is offered in partnership with the SpiritWorks foundation. (August 11-16)

Both camps are for children who have completed grades 4-8.

Attached, you will find the required paperwork for camp participants. Please return it by mail or email to:

Rita Yoe  
Bishop Claggett Center  
3035 Buckeystown Pike  
Adamstown, MD 21710  
[ryoe@claggettcenter.org](mailto:ryoe@claggettcenter.org)

**Online registration is also available at [www.claggettcenter.org/youth-programs](http://www.claggettcenter.org/youth-programs).** Please contact Rita Yoe to request additional paper registration forms.

**Please note that no applications will be accepted without proper immunization records. Please print neatly on all forms.**



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Camper's full name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth date: \_\_\_\_\_

Age as of August 2019: \_\_\_\_\_ Grade Completed 2019: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Parent or Guardian's name/s: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Primary phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

**Please provide additional emergency contacts:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**How did you hear about this program? (Circle one)**

Advertisement Church Facebook Returning Camper Website Word of Mouth Other

If through church, please provide church name and location: \_\_\_\_\_

**Camp Amazing Grace Only:**

If you have a parent in the criminal justice system, please provide their name: \_\_\_\_\_

If incarcerated, location:

Facility name: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

I certify that answers given here are correct to the best of my knowledge. I authorize investigation into any information contained in this application. You have my permission to talk with the applicant's school social worker, psychologist and/or teacher(s) for academic and behavioral background information. I agree to hold harmless the Diocese of Maryland and the Bishop Claggett Center, its officers, employees, and volunteers from any liability relating to any investigation they undertake in good faith regarding the information in this application, or any action taken a result of that investigation.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## 2019 Camper Application Claggett Specialty Camps

### Health Information:

**Name of personal healthcare provider:**\_\_\_\_\_ **Phone:**\_\_\_\_\_

**Insurance Carrier:**\_\_\_\_\_ **Policy #:**\_\_\_\_\_

**Name of primary insured:**\_\_\_\_\_ **Plan #:**\_\_\_\_\_

**Health History** List any physical, emotional or behavioral conditions that may limit or affect participation in any camp activity. Use additional paper if necessary:

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**Allergies? None** \_\_\_\_

**List:**

**Reaction:**

Medications		
Food		
Insects		
Bee Stings		
Plants		
Animals		
Other		

### Health History Information: Circle Y or N

Asthma	Y	N	Diabetes	Y	N	High Blood Pressure	Y	N
ADD/ADHD	Y	N	Digestion	Y	N	Kidney Disease	Y	N
Cancer/Leukemia	Y	N	Heart Trouble	Y	N	Lungs	Y	N
Convulsions/Seizures	Y	N	Hemophilia	Y	N	Mental Illness	Y	N
Eyes/Ears/Nose/Throat	Y	N		Y	N	Daily Prescriptions	Y	N

**Please give details for any YES answers:**

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### General Health Information:

	Yes	No
Does camper take any prescription medications? (Required: MAA Form DHMH-4758, attached)		
Does camper have a history of seizures?		
Does camper have any special medical equipment (braces, glasses, etc)?		
Is camper prone to bed wetting?		
Is camper prone to homesickness?		
Do you have a tetanus shot? DATE:		

**Please give details for any YES answers:**

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**Is camper prone to any of the following? Check all that apply**

Headaches	Sore Throats	Sunburn	Poison Ivy	Colds/Fever
Stomach Aches	Sprains	Nightmares	Swimmer's Ear	Menstrual Cramps

**Please give details for any YES answers:**

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**Check which of the following Lotions and/or Ointments may be administered by the nurse:**

Aloe Vera (after sun	Burn Cream	Hydrocortisone Cream
Ammonia Inhalant (smelling salts)	Calamine Lotion (itch/rash)	Hydrogen Peroxide
Anti-itch cream (topical)	Ear Drops (swimmer's ear)	Isopropyl Alcohol
Anti-fungal cream	Eye wash	Poison Oak/Ivy itch relief
Antiseptic Skin Cleaner	First aid cream/spray	Triple Antibiotic ointment

**Check which over-the-counter medications may be administered by the nurse:**

Acetaminophen for pain relief	Diphenhydramine(allergies)	Heartburn tablets	Antacid
Ibuprofen for pain relief	Loratadine (allergies)	Milk of Magnesia	Throat Lozenges/Spray

**In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission for Claggett Center, the Center's designee, or the Episcopal Diocese of Maryland to secure proper treatment for the person named on this form, including hospitalization, surgery, anesthesia, or the administration of any medication oral or injected. *I agree to be responsible for all costs associated with such treatment.***

**Parent/Guardian Signature:**\_\_\_\_\_

**Date:**\_\_\_\_\_



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### MEDICATION CHART:

***All medications must be checked in with the health care provider at registration.  
All medications must be in their ORIGINAL containers with the camper's name and the dosage clearly visible. Medications must be given as per the directions on the prescription container.***

**EACH Medication (Over-The-Counter and Prescription) listed below MUST be accompanied by DHMH-4758 (included in packet), and MUST be signed by a doctor.**

Medication	Dosage and Time to Be Given						
	Pre-Breakfast	Breakfast	Lunch	Dinner	Night	Other	As Needed
1.							
2.							
3.							
4.							
5.							
6.							
Other Instructions:							



## 2019 Camper Application Claggett Specialty Camps

Camper Name: \_\_\_\_\_

### IMMUNIZATION RECORD:

**No applications will be accepted without proper immunization documentation.**

**Please complete to indicate that the camper meets immunization requirements of Maryland:**

For campers who reside within the United States, a U.S. Territory, or the District of Columbia:  
Which state/territory:

☐ Maryland

Other: \_\_\_\_\_

List any Immunizations from which the camper is exempt. If camper is fully immunized indicate N/A.

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*For campers who reside outside the United States, U.S. territory, or District of Columbia submit record of vaccination or immunity form [DHMH-896](#).*

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_



## 2019 Camper Application Claggett Specialty Camps

Camper Name: \_\_\_\_\_

### Community Living Covenant

Claggett youth programs are a place where participants and staff can live out their faith in ways that are fun and exciting. The formation of an intentional Christian community gives everyone an opportunity to come away from the world to experience God's love in a different way. Participation in this type of community is a privilege requiring some sacrifice as we strive to have our actions reflect the model set forth by Jesus.

Summer camps at Claggett Center and youth activities are subject to the Code of Maryland Regulations governing youth camps. As we work to build community and comply with the State, each participant is asked to pledge his or her commitment to live by certain community standards. ***Cooperation and respect are the starting points for behavior that builds community.***

I will demonstrate *respect for myself* by

- \*Refraining from the use of drugs, alcohol, and tobacco.
- Abiding by all safety procedures.
- Having a willing attitude toward participation in camp activities

I will demonstrate *respect for others* by

- Building others up with positive comments and encouragement.
- Focusing on people rather than things. **I therefore agree to leave items such as electronic games, cell phones, and other handheld devices at home.**
- \*Leaving weapons at home (including pocket, pen, and hunting knives).
- \*Abstaining from sexual contact with others.
- Working to ensure the safety and health of others.
- By abiding by the rules and times set for lights out and quiet times.

I will demonstrate *respect for authority and Claggett property* by

- Cooperating with the staff
- Agreeing that the Programs Coordinator, the Executive Director of Claggett, or their designee may search my belongings at any time.
- Abiding by the rules for use of buildings and equipment.

I understand that the Programs Coordinator has the right to send me home at the expense of my parent or guardian if my conduct is disruptive and harmful to the community. **Violation of any item marked with an asterisk (\*) will mean immediate dismissal from camp.**

**This covenant must be signed by the participant and parent or guardian.** Parent or guardian, please be certain that you have reviewed the agreement with your youth. Your signature indicates a willingness to abide by the standards listed in this pledge and in the general policies.

\_\_\_\_\_  
Camper Signature                      Date

\_\_\_\_\_  
Parent/Guardian Signature                      Date



## 2019 Camper Application Claggett Specialty Camps

Camper Name: \_\_\_\_\_

### Activity Release Statement

During the course of our programs, participants will have the opportunity to participate in various activities that involve unusual risks. For example; participants may participate in a high and/or low ropes course activity with potential for slips and falls which could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more life threatening injuries. Participants may also participate in canoe and kayak trips, hikes, bike trips, outdoor games, and various other physical activities that present an unusually high risk for injury.

1. I understand that sometimes participants will be transported by Claggett vans or other vehicles to activities *off* campus by certified drivers according to the Claggett safety policies. I authorize participation in these activities.
2. I acknowledge that myself/my child's participation in activities while at Claggett entails known and unanticipated risks, which could result in physical or emotional injury. While particular rules, equipment, and personal discipline may reduce the risk, the possibility of serious injury does exist. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the activities.
3. On behalf of myself/my minor child, I expressly agree and promise to accept and assume all of the risks existing in these activities. I recognize that my/my child's participation in these activities is purely voluntary and I authorize his or her participation in spite of the risks.
4. I certify that I have adequate insurance to cover treatment of any injury suffered by me/my minor child while participating in adventure activities or else I agree to bear the costs of such injury myself.

By signing below, I hereby voluntarily release the Claggett Center, its agent lessees, owners, officer volunteers, participants, employees and other persons or entities acting in any capacity on its behalf from any and all claims, demands, or causes of action that are in any way connected with my/my minor child's participation in adventure activities.\*

**By signing below I acknowledge that I have read and understand the above\***

\_\_\_\_\_  
Camper Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Photo Release: Please read and check your response.

I consent for Claggett to post pictures of me or my child on its website, Facebook, Social Media platforms, et cetera; and print materials; to market, promote and/or advertise camps or other Claggett Center programs. *All campers whose paperwork indicate "no photos" will be asked not to participate in group photos.*

**Yes, I agree to the photo policy.**\_\_\_\_\_

**No, please do not take or use any photos of my child.**\_\_\_\_\_