



Prince Georges Chargers Youth Athletic Association
PO Box 6440
Largo, Maryland 20791

PGC Ministries 2012 Spring Enrichment Camp Application

Participant's Name: _____

Date of birth: _____ Grade: _____

School Name _____

Parent's Name: _____

Parent's Employer _____ Job Title _____

Email Address: _____

Address: _____

City/State: _____ Zip code _____

Home No. _____ Cell No. _____ Work No. _____

Emergency Contact Name: _____

Emergency Contact No.: _____

Allergies your child has: _____

Medications your child is taking: _____

Hobbies/Sports: _____

Before Care: Yes or No (circle one) After Care: Yes or No (circle one)

Payment Attached: Yes or No Cash _____ Check # _____

Card no. _____ Exp. Date _____ Sec. Code _____

Registration Fee of \$100.00 or deposit of \$50.00 (non-refundable) must be returned with this application by February 29th to reserve a space for your child.

Parents' Signature: _____ Date: _____



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Day Camp Authorization Form

Participant name _____

Participant Address _____

Birthdate (M/D/Y) _____

PGCYAA Day Camp staff is authorized to release my child _____ to the individuals listed below. I understand that each authorized person must be at least sixteen (16) years old, and that my child will **NOT** be permitted to leave the camp with anyone not listed below. All authorized individuals will be required to show identification and sign the child out each day. My child may be released to the following individuals **(include yourself)**:

Name	Phone Number	Relationship
1.		
2.		
3.		
4.		

A late fee of \$5 per participant for every 15 minutes (or portion thereof) will be assessed for participants who are not picked up by the program's scheduled closing time. (Example: If the camp ends at 4:30 pm and the participant is picked up at 5:15 pm, the assessed late fee is \$15.) We request that parents/guardians call the campsite if they are delayed for any reason. Regardless of Reason, a late fee will still be assessed.

Payment is due upon pick up of the participant. Thank you for your cooperation. I have read, understand and agree to the above policies for the day camp programs.

Print parent/guardian name _____ Date _____

Parent/guardian signature _____

This form to be completed for every camp participant.



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PGC Ministries Day Camp Medication Form

Participant Name _____ Date of Birth _____

Participant Address _____

The PGC Ministries medication policy complies with Maryland State Law and Regulations concerning youth camps.

_ All medication is self-administered by participant. Participant must know what their medication is, be able to recognize it, know the dosage and when to take it.

_ Due to possible side effects, the 1st dose of new medicine must be taken 24 hours prior to attending camp.

_ All medications taken during program hours must be in their original pharmaceutical container. Volunteer Staff will accept no more than 2 weeks of medication, the amount to be verified in writing by Volunteer Staff and the parent/guardian.

A **PHYSICIAN** must complete and sign this section if participant will be taking medication, including emergency medical devices DURING CAMP.

Name of medication(s) _____

Reason for medication(s) Medication dose _____

Directions for medication(s) _____

Possible side effects of medication(s) _____

Physician name (printed) Physician signature _____

Physician address _____

Physician phone number Date _____

PARENT/GUARDIAN, complete this section if participant will be carrying an emergency medical device such as EPIPEN® OR INHALER DURING CAMP.



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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 PGC Ministries activities. The prescribed device is _ EpiPen® _ asthma inhaler _ Other: _____

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

PARENT/GUARDIAN, complete this section if participant is currently taking medication AT HOME.

Name of medication(s) _____

Reason for medication(s) Medication dose _____

Directions for medication(s) _____

Possible side effects of medication(s) _____

ALL PARENTS/GUARDIANS MUST SIGN THIS SECTION

I hereby represent and warrant that if the participant is a minor, I am his/her parent/guardian and authorized to provide the waiver, medication information and release authorization contained herein and I agree to the PGC Ministries policies as stated above.

I agree to release the PGC Ministries and its agents from any and all liability arising as a result of this waiver.

Parent/guardian name (printed) _____ **Date** _____

Parent/guardian signature _____