

Please read and sign all of the following.

**AGREEMENT\***

I agree that my camper will cooperate and accept camp standards of behavior. Failure in this area may result in camp discipline or dismissal. The Camp Director and/or Administrator have the right to dismiss any child for behavioral problems. I agree and understand that in all cases of dismissal, homesickness, or voluntary withdrawal, there will be **no refund of any fees**. All cancellations must be in writing and submitted to the camp office no less than ten days of expected arrival date to receive a full refund. If not received, I will be charged for the full balance. The Carrie Murray Nature Camp reserves the right to refuse any applicant and to cancel any reservation.

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

**PHOTO RELEASE\***

I, (print name) \_\_\_\_\_, parent or official guardian of (child's name) \_\_\_\_\_ give my permission to the Baltimore City Department of Recreation and Parks, its employees, and its representatives to take and use

photographs  videotape  digital images  
of my child for use in promotional or educational materials as follows:

printed publications or materials  electronic publications or presentations  web sites

My child's name and identity

may be revealed  may **not** be revealed  
in descriptive text or commentary in connection with the image(s). I authorize the use of these images indefinitely without compensation to me. All negatives, positives, digital reproductions, and videotape shall be the property of the Baltimore City Department of Recreation and Parks.

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

**FIELD TRIPS\***

I give my permission for the Carrie Murray Nature Camp to take my child on field trips Fridays (with prior notification of details).

I **do not give** my permission for the Carrie Murray Nature Camp to take my child off the Nature Center premises for any reason.

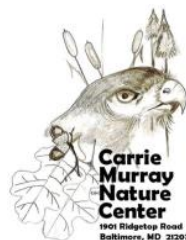
Custodial Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**BALTIMORE CITY STANDARD RELEASE STATEMENT\***

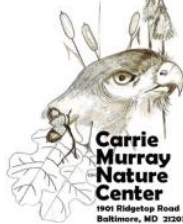
I hereby release the Mayor and City Council of Baltimore, its elected and appointed officials, employees and volunteers from all claims or actions of every nature and description.

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

Our receipt of your completed application and \$25 deposit for each session will reserve a space for your child. Your full balance must be paid before your child's last day at camp. We will only accept payments made by **money order made out to Director of Finance and credit cards**



# RELEASE OF MINOR FORM



Carrie Murray Nature Camp

## \*CARRIE MURRAY NATURE CAMP MINOR CAMPER RELEASE POLICY

No camper will be allowed to leave camp with someone other than his/her custodial parent/guardian unless written permission is granted (below) by the custodial parent/guardian. (Special permission may be granted by custodial parent/guardian in writing no later than the morning of the day the child is to be released to another person.) We will release campers to either parent unless directed by court order to do otherwise. Adults dropping off and picking up campers will be asked to initial our drop-off/pick-up forms before removing a camper from our premises.

My camper, \_\_\_\_\_, can be released to the following people:

Custodial parent/guardian:

---

Second custodial parent/guardian:

---

Other guardian(s):

---

---

My signature below means I understand to the Carrie Murray Nature Center minor release policy and have indicated above the adults to whom my child may be released.

---

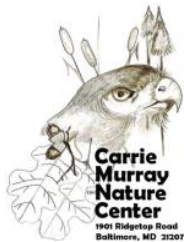
*Parent/Guardian signature*

*Date*

---

*Parent/Guardian printed name*





## \*Medical Disclosure Form

So that we may ensure your child's health and safety while at camp, we ask that you use the space below to disclose any health issues that may affect your child's participation in camp activities.

My child, \_\_\_\_\_, suffers from . . .

- asthma—controlled by medication? yes/no  
inhaler required? yes/no (If yes, please provide medication to Camp Director.)
- indoor/outdoor environmental allergies—controlled by medication? yes/no  
emergency medication required? yes/no [If yes, please provide medication to Camp Director.]

PLEASE SPECIFY ALLERGENS:

---

---

- Food allergies—controlled by medication? yes/no  
Emergency medication required [i.e., EPI-pen, etc.]? Yes/no (If yes, please provide medication to Camp Director.)

PLEASE SPECIFY FOOD ALLERGENS:

---

---

- allergies to medication -Please specify:
- 

- other illness or disease that requires special treatment or precautionary care (Please specify illness/disease and special care necessary:
- 
- 

- no health issues that will affect his/her participation in camp activities.

**PLEASE NOTE:** Our counselors do not have any medical training. If your child requires any medical treatment that exceeds the basic First Aid that can be administered by our counselors, we will call an ambulance to ensure your child's safety and well-being. **ALL MEDICATION THAT YOUR CHILD NEEDS TO TAKE DURING CAMP HOURS MUST BE GIVEN TO THE CAMP DIRECTOR AT THE START OF EACH WEEK OR CAMP DAY.** Your child may not carry his or her own medication, for his or her safety and for that of the other campers and staff. Thank you.