

**Dimension Foundation Center, Inc.**

6701 Clinton Manor Drive, Clinton Maryland 20735\* 301-856-1183x205 Office or Text 240-354-7281

Web Site: outreachlifecenter.com\* Email:ccgreene@comcast.net

**SELECT CAMP:** **"OFF THE HOOK" BOYS & GIRLS SUMMER CAMP 2024**

**BOYS & GIRLS SUMMER BASKETBALL CAMP 2024**

**Monday, June 17 – Friday, August 23, 2024**

**Ages: 6-9 & 10-12 Hours: 6:30am – 6:00pm Monday – Friday \$170.00 per week Registration Fee: \$60.00 T-Shirt Fee \$20.00**

**CAMPER REGISTRATION FORM**

**PLEASE PRINT ALL INFORMATION**

|   |  |   |  |             |       |          |   |
|---|--|---|--|-------------|-------|----------|---|
| Last Name   |  | First Name  |  | Middle Name | DOB   | Age      | Gender: M <input type="checkbox"/> F <input type="checkbox"/> |
| Child Home Address                                    |  |   |  | City        | State | Zip Code | Home Phone  |
| Name of School  |  | Present Grade   |  |             |       |          |   |
| List medical treated food allergies:                  |  |   |  |             |       |          |   |
| Does your child use Nebulizer, EPI Pen, Insulin, etc) |  | <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide prescription treatment (Prescription treatment must remain at camp until camper last day) |  |             |       |          |   |

**Parent/Guardian Information**

|  |  |            |  |      |                       |          |  |
|--|--|------------|--|------|-----------------------|----------|--|
| (1)Parent/Guardian Last Name               |  | First Name |  | MI   | Relationship to Child |          |  |
| Address (if different from child resident) |  |            |  | City | State                 | Zip Code |  |
| Work Phone                                 |  | Home Phone |  |      | Cell Phone            |          |  |
| Email Address:                             |  |            |  |      |                       |          |  |

|  |  |            |  |      |                       |          |  |
|--|--|------------|--|------|-----------------------|----------|--|
| (2)Parent/Guardian Last Name               |  | First Name |  | MI   | Relationship to Child |          |  |
| Address (if different from child resident) |  |            |  | City | State                 | Zip Code |  |
| Work Phone                                 |  | Home Phone |  |      | Cell Phone            |          |  |
| Email Address:                             |  |            |  |      |                       |          |  |

**EMERGENCY INFORMATION:** Person(s) listed below is authorized by the parent/guardian to pick up child at any time and/or to substitute for the parent/guardian in the event of an emergency. (To add additional parent/substitute turn sheet over and list their information.)

|            |  |            |  |      |                       |          |  |
|------------|--|------------|--|------|-----------------------|----------|--|
| Last Name  |  | First Name |  | MI   | Relationship to Child |          |  |
| Address    |  |            |  | City | State                 | Zip Code |  |
| Work Phone |  | Home Phone |  |      | Cell Phone            |          |  |
|            |  |            |  |      |                       |          |  |

|            |  |            |  |      |                       |          |  |
|------------|--|------------|--|------|-----------------------|----------|--|
| Last Name  |  | First Name |  | MI   | Relationship to Child |          |  |
| Address    |  |            |  | City | State                 | Zip Code |  |
| Work Phone |  | Home Phone |  |      | Cell Phone            |          |  |
|            |  |            |  |      |                       |          |  |

**Camp Weeks Available:** (1) June 17 - 21  (2) June 24 - 28  (3) July 1 - 5  (4) July 8 -12  (5) July 15 - 19  (6) July 22 – 26   
 (7) July 29- Aug. 2  (8) August 5 – 9  (9) August 12 -16  (10) August 19 – 23

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**Off The Summer Camp & Basketball Summer Camp Policy 2024**

**Camp General Policy:**

No camper will be allowed to enter leave OTHBGSC/BGSBC with anyone other than those persons authorized on the registration form or otherwise authorized in writing by the parent/guardian. Parent/Guardian must sign their child in and out daily. Campers must wear OTHBGSC/BGSBC T-Shirt daily (No Exception).

**Camp Medical Treatment Authorization:**

Parents are responsible for administering any medication. The staff will not administer medication that is taking daily. Camper with asthma must bring in nebulizer or inhaler for emergency. If my child becomes ill or involved in an accident and I or another adult whom I have authorized in writing to act in my absence cannot be contacted immediately, I authorized OTHBGSC/BGSBC staff to seek any necessary medical treatment from any hospital or licensed physician. I authorized OTHBGSC/BGSBC to take my child for treatment and authorize the treating hospital/physician to provide my child with any emergency medical treatment they deem necessary or appropriate (including anesthesia). I accept responsibility for any expenses incurred in medical treatment of my child, to the extent that such expenses are not covered by my health insurance.

**Camp Release Statement:**

I hereby release and hold harmless OTHBGSC /BGSBC (collectively the (“Off The Hook” Boys & Girls Summer Camp /Boys & Girls Summer Basketball Camp”) from any claims, obligations and liability of any kind its officers, employees and agents from any and all liability arising out of or connected in any way with my child’s participation in activities with OTHBGSC/BGSBC program even though that liability may arise out of negligence or carelessness of the part of those parties. I hereby grant my child’s use and participation in the facilities, program and activities of the center including, but not limited to: transportation to and from, participation in outdoor and off premises activities. I hereby agree to indemnify and hold harmless the OTHBGSC/BGSBC from and against any claims, injury, loss and liability arising from the acts of my child. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost or expense that they may incur as result of the death or any injury or property damage that said participant may sustain while participating in activities with OTHBGSC/BGSBC. I hereby grant OTHBGSC/BGSBC to use camper’s likeness in photographs in any publication. I will not make no monetary claims against the camp for the use of these photographs.

**Camp Payment:**

Weekly camp payment is due upon arrival of camper on Monday or the first day of attendance for the week. Student will be unable to gain entrance to camp if payment is not received as stated above. All payment should state camper name to ensure proper credit and made payable to: Outreach Christian Center or O.C.C. There is no refund for unexcused absence, inclement weather, unexpected vacation. Acceptable form of payment method: cash or money order.

**Field Trip**

Field trips are cash payment only and non-refundable. Field trips payments are required by organization to be paid by OTHBGSC/BGSBC prior to scheduled field trips event.

**Camp Late Pick-up Charge:**

Late pick starts at 6:01pm at the rate of \$15.00 every minute thereafter. Constant lateness may jeopardize camper’s attendance at the OTHBGSC/BGSBC.

**Personal Property:**

OTHBGSC/BGSBC assumes no liability for damage or loss of personal property.

**No Bully Zone:**

If at any time it is proven that a child is being verbally or physically bullied. The person bullying that child will be dismissed immediately and banded from returning to OTHBGSC/BGSBC for the duration of the 2024 summer camp program.

**Camp Discipline Policy:**

OTHBGSC/BGSBC will implore the follow discipline procedures: 1. Staff will redirect the camper to more appropriate behavior 2. If inappropriate behavior continues, camper will be reminded of camp rules and behavior guidelines. The camper will be asked to decide on action steps to correct his/her behavior. 3. If a camper’s behavior still does not meet expectations and is affecting the experience of other campers, he/she will be given a short time-out period to reconsider his/her actions. 4. Campers who have had multiple instances of inappropriate behavior will conference with staff and parents by phone or at the end of camp day. 5. If inappropriate behavior continues, as a final action step, the camper will be dismissed immediately and banded from returning to OTHBGSC/BGSBC for the duration of the 2024 summer camp program. (Please note – Camper fees are non-refundable if a camper is sent home or dismissed for disciplinary reasons.

I have read and agree to adhered to the policy and procedure governing the “Off The Hook” Boys & Girls Summer Camp& Boys & Girl Basketball Camp

Camper’s Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

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**COVID-19 RELEASE AND WAIVER OF CLAIMS RELEASE STATEMENT**

I freely allow my child(ren) to attendance Off the Hook Summer Camp & Basketball Summer Camp 2024 (OTHBGSC/BGSBC).

I have independently evaluated and fully aware of the risks of my child being exposed to or infected by COVID-19.

I also agree to release, exonerate, discharge, and hold harmless OTHBGSC), their officers, agents, employees, volunteers, and representatives from all liability, claims, causes of action, or demands, including attorney fees, fines, fees, or other costs (e.g. medical costs) arising out of any exposure to or illness or injury from an infectious disease including COVID-19, which may result from or in connection with my child(ren) attendance to & transportation to/from OTHBGSC Program/Service. My signature confirms fully understand and acknowledge the contents of this release statement.

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

\_\_\_\_\_  
Today's Date

*Print* Child(ren) Names:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_