

Lutherville Lab's Sports & Fitness Camp

Lutherville-Timonium Recreation Council
Baltimore County Department of Recreation and Parks

Get moving and have some fun this summer with Lutherville Lab's Sports & Fitness Camp! This camp is designed to teach and improve fitness skills and principles, sport skills, and provide an opportunity to enjoy recreational activities. Mr. Bruns, Lutherville's PE teacher will be hosting three summer camps in June and July.

Session 1: July 9 -13; 9am-11:45 for students entering the 4, 5, 6 and 7th grades

Session 2: July 23-27; 9am-11:45 for students entering 1, 2, and 3 grade.

All sessions are held at Lutherville Lab Elementary School at 1700 York Rd. Lutherville, MD 21093

The registration cost is \$115 each for session.

- Class size will be limited to 30 students
- Daily snack & drinks will be provided
- Make checks payable to LTRC
- Contact John Bruns at jbruns@bcps.org with any questions
- Please send all registration forms to; Lutherville Lab Sports Camp, 1700 York Rd. Lutherville, MD 21093

----- Tear Off -----

Sports and Fitness Camp Summer 2018 Registration Form

Student: _____ Session 1: July 9- July 13 from 9am-11:45am
Parent's Name: _____ (for students entering grades 4, 5, 6 and 7)
Address: _____ Session 2: July 23-27 from 9am-11:45
Phone: _____ Email: _____ (for students entering grades 1,2, and 3)
Grade student is entering: _____

This Registration Form shall be completed by the participant, or if the participant is a minor child, by the legal authorized parent or guardian of each minor/child participant

Participant's Name: _____ Date of Birth: ____/____/____ Male: ___ Female: ___

Street Address: _____ Home Phone: _____ Cell Phone: _____

City/State: _____ Zip Code: _____ E-Mail: _____

Activity registering for: _____ Yes, I am interested in helping: _____ I would like more information: _____

Emergency/Health Information:

In case of an emergency, please notify (if minor/child participant, provide parent's information or Guardian, as applicable)

Name: _____ Relationship: _____ Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____ Home Phone: _____ Cell Phone: _____

Physician's Name: _____ Physician's Phone: _____

Name of Medical Provider: _____ Date of last tetanus immunization: _____

1. Are there any medical or health factors or conditions that might affect participant's performance in activity? Yes: _____ No: _____
2. Is participant taking any medications or have a condition that may affect participant's safety or performance in the activity? Yes: _____ No: _____
3. Is participant required any special accommodations (due to disability) to participate in the activity? Yes: _____ No: _____
If yes, please explain:

In case of injury or emergency, I for myself and/or participant (if participant is minor/child), and my personal representatives, heirs and assigns, (severally and collectively "I") for this registration form) give permission for an activity representative to call 911 and transport participant to a hospital. I shall inform the Recreation Council, in writing, of any medical or health conditions of participant that occurs or develops and which could affect participant's safety, performance or participation in or throughout the activity.

Signature of participant, or if minor, of parent/guardian: _____ Date: _____

Acknowledgment, Waiver and Release of Liability:

I hereby confirm participant is in good health and able to participate in the activity. Also, I have been advised to consult with a licensed physician prior to participation in the activity. I acknowledge the activity may involve both apparent and inherent risks and dangers of bodily injury or death and damage to property. I fully accept and acknowledge the activities may involve risks, and I hereby assume all dangers and risks associated with the participant in the activity and will be responsible for the same. I further understand that concussion information is available at www.cdc.gov/concussion.

I acknowledge that Baltimore County, Maryland, the Recreation Council, and their respective employees, directors, officers, volunteers, members and any other participant, entity, party or person involved in any regard with the Activity or the Activity premises and their respective agents, personal representatives, heirs, employees, contractors, successors and assigns (each an activity representative and collectively the "activity representatives"), shall not be responsible or liable in any regard or manner for any and all property damage or bodily injury (including serious physical injury or even death) incurred by participant or any party related thereto, as a result of his/her participation in the activity.

I have read, fully understand, and hereby freely sign, approve of, and agree to the terms of this Registration Form. I hereby expressly and forever unconditionally release, discharge, covenant not to sue, waive my rights and remedies, and agree to hold harmless and indemnify the activity representatives from any and all claims, costs, demands, losses, damages, or expenses, and from all acts of active or passive negligence or other fault on the part of the activity representatives associated with, in whole or in part, participant's involvement with the activity. I shall inform the Recreation Council in writing if any information provided in this Registration Form is incorrect or changes through the course of the activity. I shall present a government issued photo identification card including, but not limited to, my driver's license, passport, or United States Visa to the activity representative for review, if requested, at the time I submit this Registration Form to the recreation council.

Signature of Participant (if over 18) OR of parent/guardian (if under 18):

Date: _____

Print Name of Signature: _____ Relationship to Participant:

Print Name of minor child, if applicable:

9/2015

These programs are designed to provide a healthy and enjoyable experience for your child. However, they are not licensed childcare programs and are not designed to provide childcare. Therefore, parents are encouraged to discuss attendance expectations with their children. Department staff and volunteers cannot detain youth wishing to leave at anytime.

Should you require special accommodations (i.e., sign language interpreter, large print, etc), please give us much notice as possible by calling the Therapeutic Office at 410-887-5370 (voice) or 410-887-5319 (TTY/Deaf).

These materials are neither sponsored by nor endorsed by the Board of Education of Baltimore County, the Superintendent, or this school office.