



Lt. Robert W. Johnson Community Center

Wheaton Park Youth Summer Camp

Registration/Information Application Form

Description: Wheaton Park Youth Summer Camp will be held from **June 23rd - August 15th 8:00 AM - 3:30 PM**, Monday-Friday at **Wheaton Park and the Rober W. Johnson Community Center**. Summer camp is intended for children ages 6-12 years. Deadline for application submission is 23 June 2025.

There is a \$20.00 Non-refundable deposit for each camper.

\$12.00 is the weekly rate per camper.

The total 8-week camp price is \$116.00

Note: In filling out the application, put N/A or leave blank for answers that are not applicable.

Camper Information

Full Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ ZIP Code: _____

Age: _____ Gender: _____ Sex: ☐ Male ☐ Female ☐ Other

Emergency Contact Information

Parent/Guardian

Name: _____

Cell Phone
Number: _____

Work Phone
Number: _____

Email: _____

Primary Contact Person ☐

Parent/Guardian

Name: _____

Cell Phone
Number: _____

Work Phone
Number: _____

Email: _____

Primary Contact Person ☐



Health Information

Doctor's Name (Primary Care Physician): _____

Phone Number: _____ Name of Office _____

Allergies: _____

Medications: _____

Dietary Restrictions: _____

Medical Conditions: _____

Additional Information

Swimming Ability (*Check One*): ☐ Beginner ☐ Intermediate ☐ Advanced

Previous Camp Experience (*Check One*): ☐ Yes ☐ No

If yes, please specify: _____

T-Shirt Size: ☐ XS ☐ S ☐ M ☐ L ☐ XL ☐ Other: _____

Special Instructions or Considerations: _____



Consent and Release

I authorize the following individuals, along with the previously mentioned parent/guardian(s), to sign out my child from the Wheaton Park Youth Summer Camp.

Name/Relationship

Name/Relationship

Parent/Guardian Signature: _____ Date: _____

I, the undersigned, hereby give permission for my child, _____, to participate in the Wheaton Park Youth Summer Camp. I understand that my child will be participating in activities that may involve physical exertion and potential risk of injury. I hereby release and hold harmless Wheaton Park, its employees, volunteers, and associates from any and all claims, liabilities, or damages arising out of or in connection with my child's participation in the camp.

Parent/Guardian Signature: _____ Date: _____

Payment Information

Payment Method: ☐ Cash ☐ Check ☐ Credit/Debit Card

- **Credit Card Number:** _____
- **Expiration Date:** _____
- **CVV:** _____

Please submit the completed application form with payment to:

Robert W. Johnson Community Center
109 W. North Avenue
Hagerstown, MD 21740

**We look forward to a fun-filled summer with your child
at Wheaton Park Youth Summer Camp!**

For any questions or additional information, please contact us at 301-790-0203 or sparsons@rwjcc.org