



Robert W. Johnson  
Community Center

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## Wheaton Park Youth Summer Camp

Registration/Information Application Form

**Description:** Wheaton Park Youth Summer Camp will be held from **June 24th - August 16<sup>th</sup>** 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 ...

*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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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## 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

**Camp Fee:** \$10 per week (Hagerstown Housing Authority Residents)

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

- **Credit Card Number:** \_\_\_\_\_
- **Expiration Date:** \_\_\_\_\_
- **CWV:** \_\_\_\_\_

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](mailto:sparsons@rwjcc.org)*