Toadfish Adventures (UMCES HORN POINT LAB Environmental Education Center)

2023 APPLICATION

PLEASE PRINT OUT THIS FORM AND FILL IN AND RETURN APPLICATION WITH 2 COPIES AND Payment of:

1) $255 for Sessions 1 or 2; 2) $166 for either Session 3a or 3b; or 3) $300 for both Sessions 3a and 3b.

Important: Payment by CHECK (NO CASH); Check must be made out to

"UMCES" (University of Maryland Center for Environmental Science

Mail to:

Maureen Johnson

HORN POINT LAB – TOADFISH Adventures

2020 HORNS POINT RD, CAMBRIDGE, MD 21613

REGISTRATION FORM

Participant's Name:

Session attending:

Date of Birth and Age:

Gender:

Address:

Parent/Guardian Name:

Email Address:

Cell Phone:

Parent/Guardian Name:

Email Address:

Cell Phone:

HOW OR FROM WHOM DID YOU HEAR ABOUT TOADFISH Adventures?

REFUNDS

The Toadfish Adventure Director has the right to dismiss any child for any related behavior problems. Money WILL NOT be refunded if a child is dismissed.

REQUIRED IMMUNIZATIONS

All attendees must be current on all immunizations, unless they provide a written statement from either a licensed physician indicating that the immunization is medically contraindicated, or the parent or guardian indicating that they object to immunization for religious reasons.

A. Date (month and year) of child's last tetanus (or DTP) shot _____
B. Is your child currently enrolled in MD school, public or private? Yes _____ No _____
C. If (B) is no, furnish a record of immunizations for diphtheria, tetanus, pertussis, poliomyelitis, measles (rubeola) rubella (German measles) and mumps and Date of COVID shots and boosters: Dose 1: _____; Does 2:_____; Booster _____
D. Is your child exempt from immunization on medical grounds? Yes ___ No ____
E. If (D) is yes, provide signed copy of MD Department of Health and Mental Hygiene Immunization Certificate

I have enclosed a copy of the immunization record or letter from the Doctor.

Primary Care Physician Name:

Phone Number:

Medical Insurance Company:

Policy Holder:

Policy Number:

EMERGENCY CONTACT: (other than parent/guardian)

Name:

Relationship to child:

Phone Number:

AUTHORIZATION OF TREATMENT

I hereby give my permission to the medical personnel that is selected by Toadfish Adventures to order an x-ray, routine tests, treatment and necessary transport of my child. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by Toadfish Adventures to secure and administer treatment, including authorization, for my child named above.

Parent/Guardian Signature: **Date:**

RELEASE STATEMENT

I acknowledge that there are inherent risks and natural hazards associated with outdoor and related activities in a wild areas setting. I hereby affirm that my child is in good health and physically capable of performing outdoor activities. In consideration of Horn Point Lab accepting my child and the extent permitted and provided by State Law, I hereby release and forever discharge the UMCES, Horn Point Lab, its units, agents, and employees from all claims of liability for any damage or injuries which may be sustained while my child is at Toadfish Adventures.

Parent/Guardian Signature: **Date:**

PHOTO RELEASE

I hereby grant UMCES/Horn Point Lab and to its employees, agents and assigns the right to photograph my dependent and use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or online publishing.

PLEASE CIRCLE: YES NO

Parent/Guardian Signature: **Date:**

MEDICATION CONSENT FORM:

UMCES/Horn Point Lab requests that if possible, alternative plans be made to avoid the administration of medication at Toadfish Adventures. If you have discussed alternatives with your family and find that medication during Toadfish Adventures is necessary, this form must be completed.

I therefore authorize and request representatives from UMCES/Horn Point Lab to supervise my child in the self-administration of the medications listed below and, in doing so, relieve them of any responsibility for ill effects from the medication. My child is cognitively capable of self-administering his/her own medication, and at least one dose of this prescriptive medicine has been given *prior* to attending Toadfish Adventures.

Parent/Guardian Signature: **Date:**

HEALTH INFORMATION

Check any that apply and give more information, if necessary.

__ General condition of health:

__ Allergies – food:

__ Allergies – medications or other:

__ Asthma (child carries an inhaler for condition) YES NO

__ Diabetes:

__ Seizures:

__ Significant mental health condition:

__ Other chronic health condition:

__ Recent broken bones, sprains (date and injury):

__ Dietary Restrictions:

__ Swimming Skill Level (we will not be swimming but will be canoeing wearing PFDs):

Are there any special needs, physical, psychiatric, medical, behavioral conditions that we need to be aware of to ensure your child's Toadfish Adventure experience is a positive one?

All medication, prescription or otherwise, must be in the original container and clearly marked with the child's name and dosage directions. If more than below, attach a separate sheet.

I. Name of Drug _____ Reason: _____
Dosage: _____ Time Given: _____
II. Name of Drug _____ Reason: _____
Dosage: _____ Time Given: _____

TOADFISH ADVENTURES CODE OF CONDUCT

I will follow the schedule. I will respect myself, my fellow attendees and counselors and staff. I will not bring items including (but not limited to) cell phones, radios, pocket knives or weapons of any kind. I will follow all safety rules and give full effort in all Toadfish Adventure activities.

Attendee: I have read and understood the above Code of Conduct pertaining to Toadfish Adventures and will abide by them. I know that by following and respecting these rules, I will help maintain a safe and peaceful environment for fellow attendees, staff and myself.

Signature of Attendee:

Date:

Parent/Guardian: I have read and understand the rules pertaining to Toadfish Adventure and will help my child comprehend the importance of abiding by Toadfish Adventure rules or can be dismissed from Toadfish Adventure without a refund.

Signature of Attendee:

Date:

RELEASE OF MINORS: All attendees are released at the end of each day's activities to their parent/guardian or one of the individuals listed on this form. *NO EXCEPTIONS!* Toadfish Adventures will release attendees to either parent/guardian listed on the application unless directed by a court to do otherwise. REMINDER – photo identification must be provided at the time of pick up. In addition to names already listed on this application, my child may be released to the following individuals: