

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 camps in this summer.

There will be three programs available for students from any school.

Session 1: 9am-11:45 am June 28-July 2 for students entering 3rd, 4th, and 5th grades

Session 2: 9am-11:45 am July 12 – 16 for students entering the 4th, 5th and 6th grades

Session 3: 9 am-11:45 am July 19-23 for students entering the 1st, 2nd, and 3rd grades

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

The registration fee is \$115 for each session. Join two sessions for \$200

- Class size will be limited to 30 students
- Daily snack & drinks will be provided
- All participants will receive a Lutherville Lab Sports & Fitness Camp T-shirt
- Make checks payable to LTRC
- Please contact John Bruns at jbruns@bcps.org with any questions

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2010 Lutherville Lab Sports & Fitness Summer Camp Registration Form

Student: _____ Session 1: June 28-July2 from 9-11:45

Parent's Name: _____ (for students entering grades 3, 4 and 5)

Address: _____ Session 2: July 12- 16 from 9-11:45

Phone: _____ (for students entering grades 4, 5 and 6)

_____ Session 3: July 19-23 from 9-11:45

(for students entering grades 1, 2, and 3)

T Shirt Size: (Circle One) YS YM YL AS AM AL AXL

This Registration Form shall be completed by the parent/guradian

Participant's Name: _____ Date of Birth: ____/____/____

Street Address: _____ Home Phone: _____

City/State: _____ Zip Code: _____ Parent's E-mail _____

Grade: _____ Homeroom Teacher: _____

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

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

Physician's Name: _____ Physician's Phone: _____ Date of last tetanus immunization: _____

Any medical, psychological, or behavioral conditions we should be aware of (bee stings, food allergies, etc.)? _____

1. Are there any medical or health factors or limitations that might affect participant's performance in the 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: _____

Baltimore County does not provide background checks on Volunteers. Should you require special accommodations (i.e. large print, sign language, etc.) please give as much notice as possible by calling the Therapeutic Office at 410-887-5370 (voice) 410-887-5319(TT/Deaf)

ACKNOWLEDGEMENT, WAIVER AND RELEASE OF LIABILITY: 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. I hereby confirm participant is in good health and able to participate in the activity. I acknowledge the activity may involve risk and danger of bodily injury or death. I fully accept and acknowledge the activities may involve risk, and I hereby assume the risk and responsibility for all dangers and risks associated with the participant in the activity. I acknowledge 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 on "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 unconditionally release, discharge, covenant not to sue, waive my rights and remedies, and agree to hold harmless the activity representatives from any and all claims, costs, demands, losses, damages, or expenses associated with, in whole or in part, participant's involvement with the activity. I certify all answers and information provided on this registration form are to the best of my knowledge true and correct throughout 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 understand Baltimore County and/or the recreation council do not perform criminal and/or background checks on activity representatives. I shall present a government-issued photo identification card including, but not limited to, my drivers 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 Parent/Guardian:** _____ **Date:** _____ **Relationship to Participant:** _____

