



Chesapeake Bay Memories Charities
www.NoMDchildLeftInside.Org
Chesapeake Bay Children's Gateway
2010 Participant Application



Thank you for your interest in enrolling your child in one or more of the programs of Chesapeake Bay Memories Charities. Please print out and complete this application in its entirety. A separate application must be completed for each child you wish to register for each program. Each application must be submitted a minimum of 2 weeks prior to your program date. Thanks for being a proactive parent and making sure your child(ren) don't miss a great educational opportunity. We look forward to providing your child with a fun and memorable educational experience!

Please Specify:

- Your Preferred Program Date and Start/End Times: _____
- Your Preferred Program Duration (# of hours): _____
- Your Preferred Program Activities/Curriculum Focus:

- How did you hear about us? _____

First name _____ M.I. ____ Last name _____

Home Address _____

City _____ State ____ Zip Code _____

Home Phone _____ Date of Birth _____

E-Mail Address _____

School Name _____ Grade _____

Signature of Youth Participant _____

Parent/Guardian Information

Relationship to Applicant _____

Please Check One: Guardian Parent

First Name _____ Middle Initial _____ Last Name _____

Home Address _____

E-Mail Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Occupation _____

Employer _____ Business Phone _____

Parent/Guardian Cell Phone Number (in case of emergency): _____

Name of Alternate Contact In Case of Emergency: _____

Relationship of Alternate Contact in Case of Emergency: _____

Phone Number of Alternate Contact in Case of Emergency: _____

Signature of Parent/Guardian _____

Personal Health History

To be filled out by parent or guardian.

Participant Name _____ Date of Birth _____ Age _____

Name of Parent/Guardian _____ Telephone _____

Home Address _____ City _____ State _____ Zip _____

Allergies: to medicines, insects, plants yes no Explain: _____

On the next page, please check all items that apply, past or present to your child's health history. Explain any "yes" answers here:

	Yes	No
ADHD (Attention Deficit Hyperactivity Disorder)	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Convulsion/seizures	<input type="checkbox"/>	<input type="checkbox"/>
Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/Leukemia	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>

Is your child taking any medications that might affect his/her performance? **Circle One: YES NO**

List any medications to be taken during Chesapeake Bay Memories Charities program:

List any physical or behavioral conditions that may affect or limit full participation in outdoor and aquatic activities:

Does the participant have any special needs that require accommodation? **Circle One: YES NO**

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.:

Immunizations (give date of last inoculation):

Tetanus Toxoid _____ **Pertussis** _____ **Mumps** _____

Polio _____ **Diphtheria** _____ **Measles** _____ **Rubella** _____

Name of personal physician _____

Physician's telephone number _____

Personal health insurance carrier _____ **Policy No.** _____

Parent Authorization:

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as the judgment of medical personnel dictates.

Signature: _____ Date: _____

Parent's Name Printed: _____

Release Statement:

I acknowledge that though Chesapeake Bay Memories Charities adheres to the highest safety standards and precautions, with in excess of 12,500 children safely having participated to date, there are natural hazards with related activities in an outdoor setting.

I hereby affirm that my child is in good health and physically capable to perform basic outdoor activities.

In consideration of Chesapeake Bay Memories Charities accepting my child and to the extent permitted and approved by Maryland law, I hereby release and forever discharge Chesapeake Bay Memories Charities, its volunteers, agents, and employees from all claims of liability for any damages or injuries which may be sustained while my child is at the Chesapeake Bay Memories Charities program to the extent permitted by Maryland law.

Signature: _____ Date: _____

Parent's Name Printed: _____

**If you have any questions, please contact: Penelope Soteria, Executive Director
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Email: penny@chesapeakebaymemories.org**