

TOADFISH ADVENTURES Participant Registration 2025

Please submit one complete packet for each child.

Please print out this form and fill in & return with 2 copies & payment (see directions below).

Participant INFO

Today's Date:

Child's First Name:

Last Name:

Birth date:

Gender:

School:

Current Grade (Entering grade if summer):

Address:

T-shirt size: (Toadfish T-shirt for Tie-dye activity included in session cost)

Parent/Guardian name:

Email address:

Cell phone:

Parent/Guardian name:

Email address:

Cell phone:

Session Registering for (circle):

Session 1, July 7-11 – 26: Rising 1st grader – 9 years old

Session 2, July 21-15: Students 10 – 12 years old

Session 3, July 28-August 1: Rising 1st grader – 9 years old

Session 4, August 4-8: Students 10 – 12 years old

Session 5 August 11-13: Students 12 – 15 years old (Toadfish Extreme 2 overnights)

How did you hear about Toadfish Adventures?

MEDICAL INFORMATION

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 a MD School 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: Dose 1: _____
Dose 2: _____; Booster _____
- D. Is your child exempt from immunization on medical grounds? Yes _____ No _____
- E. If (D) is yes, provide a signed copy of MD Dept of Health and Mental Hygiene Immunization Certificate.

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

Primary Doctor Name:

Primary Doctor Address:

Street:

City:

State:

Zip:

Primary doctor Phone Number:

Medical Insurance Company:

Policy Holder:

Policy number:

Emergency Contact: (Other than parent or guardian)

Name:

Relationship to the child

Phone number:

Medical History:

Does your child require any medication given daily during camp hours? Yes/No

If YES: Please explain:

Does your child require any medication given as needed (inhaler, epi-pen, etc)? Yes/No

If **YES**: Please explain:

Does your child have any allergies? (excluding seasonal allergies) Yes/No

If **YES**: Please explain:

Does your child have asthma? Yes/No

If **YES**: Does your child carry an inhaler? **Yes/No**

Does your child have a history of seizures? Yes/No

If **YES**: Please explain:

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

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 of UMCES Horn Point Lab to supervise my child in the self administration of the medications listed below. In doing so, I relieve UMCES Horn Point 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 prescribed medication has been given *prior* to attending Toadfish Adventures.

Signature of Parent/Guardian: _____ **Date:** _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT If my child should become ill or injured during Toadfish Adventures activities, I understand that Toadfish Adventures will: 1) contact me immediately; 2) contact the person(s) I have designated in case I cannot be reached; 3) should Toadfish Adventures be unable to reach me or the person(s) designated, Toadfish Adventures is authorized to contact my child's primary physician or arrange for immediate medical treatment and transportation to ensure the health and safety of my child, including the administration of medications or injections provided by me for such purpose. I accept responsibility for full payment of medical services rendered.

SIGNATURE

PRINTED NAME

DATE

SIGNATURE

PRINTED NAME

DATE

WAIVER AND RELEASE FROM LIABILITY FORM

Child's Full Name: _____

Parent/Guardian #1: _____

Parent/Guardian #2: _____

WAIVER AND RELEASE FROM LIABILITY I acknowledge that there are inherent risks and natural hazards associated with an outdoor nature program and related activities. I hereby affirm that my child is in good health and physically capable of participating in outdoor activities. In consideration of UMCES Horn Point Lab accepting my child and the extent permitted and provided by State Lab, I hereby release and forever discharge the UMCES Horn Point Lab, its units, agents and employees from all claims of liability for and damage or injuries that may be sustained while my child is at Toadfish Adventures.

SIGNATURE

PRINTED NAME

DATE

SIGNATURE

PRINTED NAME

DATE

PHOTO WAIVER

I grant to Toadfish Adventures the right to take photographs of my child in connection with programs and events. I authorize Toadfish Adventures, its assigns and transferees to copyright, use and publish the photographs in print and/or electronically. I agree that Toadfish Adventures may use such photographs of my child for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

SIGNATURE

PRINTED NAME

DATE

SIGNATURE

PRINTED NAME

DATE

SWIMMING IS NOT ALLOWED, however, children may have the opportunity to play near and wade in shallow water no deeper than knee-high. Children will be allowed to play and explore independently with supervision in these areas. I grant permission for my child to participate in activities around and in shallow water.

SIGNATURE

PRINTED NAME

DATE

SIGNATURE

PRINTED NAME

DATE

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

Signature of Attendee: _____ **Date:** _____

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

Signature of Parent/Guardian: _____ **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 ID must be provided at the time of pickup.

In addition to the names already listed on this application, my child may be released to the following individuals:

PAYMENT:

The cost of a week (Monday - Friday) **sessions 1-4 with Toadfish Adventures is \$310** per child.

Session 5 is \$240 per child. To register your child **a deposit of \$100.00 per child is due with this paperwork.**

Please write checks to **UMCES with "Toadfish Adventures"** written in the for/memo line (lower left corner of check). Please mail your completed registration with check to:

Maureen Johnson attn: Toadfish Adventures

UMCES Horn Point Lab,

2020 Horns Point Rd,

Cambridge, MD21613

Remaining balance due July 1, 2025. You can also pay in full at this time.