Teacher/Counselor Name_____
Email_____
Phone Number_____

MONTGOMERY COUNTY OFFICE OF HUMAN RIGHTS CAMP

REGISTRATION FORM

STUDENT INFORMATION:

Date: _____

Student Name: _____ Gender (M/F) _____

Address: _____

City: _____ Zip: _____

School: _____ Grade: _____

Race: _____ Ethnic Background: _____

PARENT(S) OR LEGAL GUARDIAN INFORMATION

Mothers Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Fathers Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

EMERGENCY CONTACT

Contact Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

The Office of Human Rights will notify the students that are selected to participate in the camp by telephone or mail.

MEDICAL INFORMATION

Student Name:_____Gender (M/F): _____

Height: _____ Weight: _____ Date of Birth: _____

Medical Insurance Provider: _____

Policy Number: _____ Primary Policy Holder: _____

Daytime Phone Number: _____ Evening Phone Number: _____

Has student had any recent illness or operation? Yes _____ No _____

If yes, please explain: _____

_____

_____

Is the student under a physician or therapist care? Yes _____ No _____

If so, please provide name and phone number of physician in case of an emergency:

Physician
Name: _____ Phone Number: _____

Does the student require medication(s)? Yes_____ No _____

If so, please list and provide any special instructions for administering the medication(s): _____

_____

_____

_____

Allergies: _____

Dietary (Food) Restrictions: _____

Medical and/or Religious Restrictions: _____

_____

_____

Date of last Tetanus Shot (if known): _____

This information is helpful in the event the student requires emergency medical treatment. If medication is to be taken at camp, please be sure to have the student bring an adequate supply, with clear written instructions for administering.

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STUDENT ACCEPTANCE

The Human Rights Camp is committed to having a safe and positive environment for all campers. To ensure this, we expect all campers to uphold our "GROUND RULES AND GUIDELINES."

Ground Rules and Guidelines:

1. Respect the different cultures and ethnic backgrounds
2. Cooperate with leaders
3. Proper behavior is expected; bad language and manners will not be permitted
4. Listen carefully and treat each other with respect
5. One person speaks at a time. Do not interrupt anyone when they are speaking
6. If you feel hurt by what someone says, speak up and say why
7. Good sportsmanship is expected and encouraged during all games and activities
8. It's OK to disagree
9. Some of the things we will talk about in this group will be personal. We will not talk about each others personal stories, outside of this group.

I, _____ accept this opportunity to attend the Montgomery County Office of Human Rights Camp. I will abide by the rules and guidelines set by the camp program.

Student Signature: _____

Print Name: _____ Date: _____

PARENTAL/GUARDIAN CONSENT

I hereby give permission and consent for _____ to attend the Montgomery County Office of Human Rights Camp. In case of an emergency, I authorize any necessary medical attention and care.

Parent/Guardian Signature: _____

Print Name: _____ Date: _____

STUDENT STATEMENT

1. What would you do to show diversity, promote respect, or bridge differences in your school or community?

2. Why would you like to attend the Human Rights Camp?

REGISTRATION DEADLINE IS – Friday, September 30, 2016

Fax Application to:
Office of Human Rights
Attn: Beverly Marshall
Beverly.marshall@montgomerycountymd.gov
21 Maryland Avenue, Suite 330
Rockville, Maryland 20850
240-777-8460

The Office of Human Rights will notify students that are selected to participate in the camp by telephone/e-mail.