



Therapeutic Recreation

2026 SUMMER CAMP REGISTRATION OPTIONS

Camper Name _____

Camp Calvert

- Week A:** 6/22-6/26 \$175
- Week B:** 6/29-7/2* \$150
- Week C:** 7/6-7/10 \$175
- Week D:** 7/13-7/17 \$175

TR Teen Adventure

- Tuesday/Thursday \$450
6/23-7/17
- Add on Mon/Wed/Fri \$250
6/22-7/17*

*no camp 7/3 for July 4th holiday

TR Inclusion Camps:

7/20- 7/24 \$125

- Mt. Hope Community Center
- Southern Community Center

7/27-7/31 \$125

- Mt. Hope Community Center
- Southern Community Center

8/3-8/7 \$125

- Mt. Hope Community Center
- Southern Community Center

TR Tot Camp:

7/20-7/24 \$100

- Mt. Hope Community Center
- Southern Community Center

Payments Options

Payments can be made prior to each week of attendance, in full upon registration, or with scholarship or outside assistance.

You must fill out the attached TR Personal Profile to complete your registration process.



Calvert County Parks and Recreation Therapeutic Recreation Services Participant Profile

PERSONAL INFORMATION

Participant's Name _____ Nickname _____
 Address _____ City _____ Zip _____
 Age _____ DOB _____ Gender _____ T-Shirt Size (specify Youth/Adult) _____

Parent/Guardian Name _____ Relationship _____
 Address _____ City _____ Zip _____
 Email Address _____
 Phone: Home _____ Work _____ Cell _____

Emergency Contact _____ Relationship _____
 Email Address _____ Phone: _____

DISABILITY/Health INFORMATION

- Primary Disability/Diagnosis _____

- Medical Condition (asthma, diabetes, allergies) _____

- Please note the Required Action Plan to be completed:
 Allergy Action Plan Asthma Action Plan Seizure Action Plan Diabetic Action Plan
- Medications _____
 Medication Authorization Form required if medications taken during program hours.

CURRENT SERVICES

Teacher _____ School _____
 May we contact teacher for information _____ YES _____ NO Phone _____

IEP/504/IFSO _____ Behavior Plan _____ Therapy Services (PT/OT/Speech)

Clubs/Support groups (Special Olympics, Special Players, etc.) _____

PAYMENT INFORMATION

Each week's payment is due no later than **one week** prior to each camp week start date. If your payment is not received, your child will be disenrolled from camp.

We are offering the opportunity to sign up to have your weekly payment automatically charged to your card that is in our registration system. Please check and initial here if you would like to Opt In to that service.

Yes, I would like my payment charged each week. _____



Calvert County Parks & Recreation Therapeutic Recreation Services Leisure Survey



Inclusion is participating in activities with others who may not have disabilities. Specialized programs are developed specifically for participants who have similar ability levels. Please place a check mark next to those items you are interested in pursuing whether it is an inclusion or specialized program. **The following information is optional and confidential.** If you choose to complete the following, the information will be developed into a database. This database will be utilized for Program Development by the Department of Parks & Recreation.

<u>Sports</u>
<input type="checkbox"/> Archery
<input type="checkbox"/> Baseball
<input type="checkbox"/> Basketball
<input type="checkbox"/> Billiards
<input type="checkbox"/> Bocce
<input type="checkbox"/> Bowling
<input type="checkbox"/> Cycling
<input type="checkbox"/> Disk Golf
<input type="checkbox"/> Football
<input type="checkbox"/> Frisbee
<input type="checkbox"/> Golfing
<input type="checkbox"/> Gymnastics
<input type="checkbox"/> Hockey
<input type="checkbox"/> Ping Pong
<input type="checkbox"/> Rugby
<input type="checkbox"/> Soccer
<input type="checkbox"/> Softball
<input type="checkbox"/> T-Ball
<input type="checkbox"/> Tennis
<input type="checkbox"/> Volleyball
<input type="checkbox"/> Wheelchair Sports

<u>Recreation Activities</u>
<input type="checkbox"/> Bicycling
<input type="checkbox"/> Bird Watching
<input type="checkbox"/> Boating
<input type="checkbox"/> Camping
<input type="checkbox"/> Caving
<input type="checkbox"/> Fishing
<input type="checkbox"/> Fossil Hunting
<input type="checkbox"/> Gardening
<input type="checkbox"/> Hiking
<input type="checkbox"/> Horseback Riding
<input type="checkbox"/> Ice Skating
<input type="checkbox"/> Mountain/Rock Climbing
<input type="checkbox"/> Nature Programs
<input type="checkbox"/> Picnics
<input type="checkbox"/> Rollerblading
<input type="checkbox"/> Scuba/Snorkeling
<input type="checkbox"/> Shooting Sports
<input type="checkbox"/> Swimming
<input type="checkbox"/> White Water Rafting
<input type="checkbox"/> Winter/Water Skiing

<u>Leisure</u>
<input type="checkbox"/> Animals
<input type="checkbox"/> Antiques
<input type="checkbox"/> Arts and Crafts
<input type="checkbox"/> Card Games
<input type="checkbox"/> Chess/Checkers
<input type="checkbox"/> Cooking Sewing
<input type="checkbox"/> Dance
<input type="checkbox"/> Drama
<input type="checkbox"/> Fitness Programs
<input type="checkbox"/> Holiday Programs
<input type="checkbox"/> Horseshoes
<input type="checkbox"/> Movies
<input type="checkbox"/> Music
<input type="checkbox"/> Reading
<input type="checkbox"/> Restaurants
<input type="checkbox"/> Shopping
<input type="checkbox"/> Shuffleboard
<input type="checkbox"/> Singing
<input type="checkbox"/> Spectator Activities
<input type="checkbox"/> Theatre
<input type="checkbox"/> Traveling
<input type="checkbox"/> Video Games
<input type="checkbox"/> Weight Lifting
<input type="checkbox"/> Yoga

■ **Other** _____

RECREATION PARTICIPATION NEEDS

Please check all that apply	COMMENTS
Socialization	
Prefers to be alone	
Enjoys being with a group	
Prefers being with a small group	
Interacts well with Peers	
Recreation Participation	
Follows Directions Well	
Requires Verbal Prompts	
Requires Hand Over Hand Assistance	
Does well with a Peer Buddy	
Does well with Modeling/Demonstrations	
Requires Adapted Equipment	
Communication	
Speech is Clear	
Uses Gestures	
American Sign Language	
PECS/IPad/Comm.Device	
Mobility	
Walks unassisted	
Walks with assistance	
Uses a wheelchair	
Can independently transfer	
Exhibited Behaviors	
Withdrawn/Shy	
Easily Discouraged	
Hyperactive	
Short Attention Span/Easily Distracted	
Runs Away	
Bites/Scratches/Hits/Kicks	
Harms Self	
Does NOT tolerate Loud Noises	
Displays Strong Fears (Explain)	
Activities of Daily Living	(Personal Services are not provided by TRS)
Assistance eating	
Assistance with toileting	
Assistance changing clothes	

Safety Knowledge	
Will Stay with Group	
Wanders/Elopes	
Communicates Name	
Responsible for Own Belongings	
Recognizes Danger	
Manages own Money	
Will Properly Wear Trip Wristbands	
Swimming Ability	
Water Safety	<input type="checkbox"/> Runs around pool <input type="checkbox"/> Jumps into unsafe depth of water
Water Adjustment	<input type="checkbox"/> Scared of water
Water Entry	<input type="checkbox"/> Sits on pool edge <input type="checkbox"/> Climbs Down Ladder <input type="checkbox"/> Ramp <input type="checkbox"/> Lift
Breathing	<input type="checkbox"/> Blows Bubbles <input type="checkbox"/> Hums in water <input type="checkbox"/> Bobbing
Standing in Water	<input type="checkbox"/> Holds onto Parent <input type="checkbox"/> Will stand alone
Swim Ability	<input type="checkbox"/> Swim Assisted <input type="checkbox"/> Swims Unassisted
Lies on back in still position	
Water Confidence	
Walking Water	
Jumps into water	
Water Exit	<input type="checkbox"/> Climbs ladder <input type="checkbox"/> Walks up Ramp <input type="checkbox"/> Climbs out over side of pool

Comments:

For Office Use only

Initial/Updated Form _____ (Month/Year,initials)
Recorded in Database _____
Medication Form _____
Allergy Action Plan _____
Seizure Action Plan _____

Completed Leisure Survey _____ (Month/Year,initials)
Added to Mailing List _____
Asthma Action Plan _____
Diabetic Action Plan _____

Recreation Data
 Existing programs of interest _____ Total # _____
 Non-Existing programs/activities of interest _____ Total # _____