



The League ~ Camping & Recreation

1111 E Cold Spring Lane, Baltimore MD 21239

410.323.0500 ~ f: 866.306.7424

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[WWW.CAMPGREENTOP.ORG!](http://WWW.CAMPGREENTOP.ORG)

2024 REGISTRATION FORM

PARTICIPANT INFORMATION

Participant Name: _____ Nick Name: _____ Sex: _____ Male; _____ Female

DOB: _____ Age: _____ Disability (Please Describe): _____

*Mailing Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Service Coordinator (if applicable): _____ Phone: _____

*Please list the mailing address to which all correspondence should be sent (i.e. confirmation packet, medical forms, etc.)

LEGAL GUARDIAN(S): _____ Guardian's Email: _____

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

PRIMARY CONTACT (Person responsible for participant, if different from Legal Guardian)

Name/Relationship: _____ Email: _____

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

Address: _____

EMERGENCY CONTACTS (Each participant must have at least one person who will be available to pick them up from Camp should the need arise)

Emergency Contact #1: _____ Relationship: _____

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

Emergency Contact #2: _____ Relationship: _____

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

Emergency Contact #3: _____ Relationship: _____

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

How did you hear about us?

____ Returning Camper _____ Service Coordinator _____ CLUB 1111 _____ Referred by a Friend: (who?) _____

____ Internet Search _____ Other: _____

TRAVEL PROGRAMS ~ Detailed drop off / pick up location will be listed on the itinerary sent one month prior to the program.

A \$400 deposit per session is required to reserve your spot in the program. All deposits are non-refundable and non-transferable. Please see cancellation policy for more information. **Travel programs are available for adults ages 18+, and are staffed at a 3:1 ratio only.**

Bahamas Cruise: February 11-February 18, 2024 (\$3500) *Ambulatory Trip* **Meals are included in the rate**

____ Universal Studios: April 16- April 20, 2024 (\$3000)

____ Participant requires a wheelchair accessible room at an additional rate of \$100 per night.

____ Philadelphia, PA: June 25-June 29, 2024 (\$1100)

____ Pigeon Forge, TN: July 15-July 19 (\$2700) ____ Seattle, WA: September 19-September 24 (\$3000)

REGISTRATION INFORMATION

My camper requires a: _____ 2:1 ratio _____ 1:1 ratio (required for all behavioral or extensive medical needs, or **Autism Waiver funding**)

Options continued on back

SUMMER CAMP PROGRAMS ~ Held at Camp Greentop, 15001 Park Central Rd, Sabillasville MD 21780

A \$200 deposit per session is required to reserve your spot in the program. All deposits are non-refundable and non-transferable. Autism Waiver recipients must submit a Plan of Care with allocated hours. Please see cancellation policy for more information.

Traditional Camp 2024:

- ___ Session 1 (All-Ages): Jun 15 – Jun 22, 2024 (2:1 ratio: \$2000; 1:1 ratio: \$4000 or 120 Autism Waiver respite hours)
- ___ Session 2 (Youth Only): Jun 25 – Jul 2, 2024 (2:1 ratio: \$2000; 1:1 ratio: \$4000 or 120 Autism Waiver respite hours)
- ___ Session 3 (Adult): Jul 5 – Jul 12, 2024 (2:1 ratio: \$2000; 1:1 ratio: \$4000 or 120 Autism Waiver respite hours)
- ___ Session 4 (Adult): Jul 15 – Jul 22, 2024 (2:1 ratio: \$2000; 1:1 ratio: \$4000 or 120 Autism Waiver respite hours)
- ___ Session 5 (All-Ages): Jul 25 – Aug 1, 2024 (2:1 ratio: \$2000; 1:1 ratio: \$4000 or 120 Autism Waiver respite hours)
- ___ Session 6 (All-Ages): Aug 4 – Aug 11, 2024 (2:1 ratio: \$2000; 1:1 ratio: \$4000 or 120 Autism Waiver respite hours)

League Pioneers 2024: 3:1 ratio only

- ___ Session 6 (Ages 13 and up): Aug 4 – Aug 11, 2024 (\$1508)

WEEKEND RESPITES ~ Held at YMCA Camp Letts, 4003 Camp Letts Rd, Edgewater, MD 21037

Weekend Respite programs are \$621 per weekend at the 2:1 ratio or \$1242 per weekend at the 1:1 ratio. (37 Autism Waiver Hours). Transportation from The League is optional at an additional rate of \$90 per weekend (3 Autism Waiver respite hours), and is available on a limited basis. A \$100 deposit per weekend is required to reserve your spot in the program. All deposits are non-refundable and non-transferable. Autism Waiver recipients must submit a Plan of Care with allocated hours. Please see cancellation policy for more information.

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|-----------------------------------|------------------------|--------------------|
| ___ Mardi Gras Jamboree Weekend | February 23 – 25, 2024 | ___ Transportation |
| ___ All Around the World Weekend | March 8 – 10, 2024 | ___ Transportation |
| ___ Spring Fling Weekend | March 22 – 24, 2024 | ___ Transportation |
| ___ Commotion in the Ocean Wknd | April 5-7, 2024 | ___ Transportation |
| ___ Super Safari Weekend | October 4-6, 2024 | ___ Transportation |
| ___ Spooktacular Celebration Wknd | October 18 – 20, 2024 | ___ Transportation |
| ___ Funky Fall Weekend | November 1-3, 2024 | ___ Transportation |
| ___ Alien Space Invasion Weekend | November 15 – 17, 2024 | ___ Transportation |
| ___ Beach Bash Weekend | December 6 – 8, 2024 | ___ Transportation |

WINTER CAMP ~ Held at YMCA Camp Letts, 4003 Camp Letts Rd, Edgewater, MD 21037

Winter Camp is \$1851 at the 2:1 ratio or \$2243 at the 1:1 ratio (79 Autism Waiver respite hours). A \$200 deposit is required to reserve your spot in the program. All deposits are non-refundable and non-transferable. Please see cancellation policy for more information. Autism Waiver recipients must submit a Plan of Care with allocated hours.

Winter Camp: Decades: Time Machine

December 29, 2024 – January 3, 2025

TOTAL TUITION TO BE PAID: \$ _____ - Deposit(s) \$ _____ = Balance to be paid \$ _____

If getting funds through Autism Waiver: Autism Waiver Service Coordinator: _____

A current Plan of Care must be received by Camping & Recreation with appropriate number of hours allocated to cover your session(s).

If getting funds through an agency: Name of Agency: _____

Contact Name: _____ Phone: _____

A Letter of Intent for Funding must be received by Camping & Recreation with signature of representative from listed agency. Camping & Recreation will make every effort to collect monies committed by service agencies. Should an agency deny funding for any reason, regardless if Camp has a Letter of Intent for Funding from them, the participant is responsible for any outstanding balance due.

I have reviewed, understand, and agree to Camping & Recreation policies and procedures as listed in the accompanying Program Guide and/or on the Camping & Recreation website.

Signature: _____ Date: _____

Printed Name: _____ Relationship to Participant: _____