

DAY CAMP REGISTRATION FORM - 2016

Camper's First Name _____ Last Name _____

Mailing Address (Street/Town) _____

Male/Female _____ DOB ____/____/____ Age _____ Grade in Sept. _____

Mother's Name _____ Home _____ Work _____ Cell _____

Father's Name _____ Home _____ Work _____ Cell _____

Emergency Contact (other than parents) _____ Relationship _____ Phone _____

Household E-Mail _____ School Attending in Sept. _____

CAMP OPTIONS & FEES

- No Camp on July 4th

- Space is limited at each camp site. Registration will be conducted on a first come first serve basis

- Fees increase after May 13th if space is available

- Registration ends May 27th

PRE-SCHOOL: _____ Full Session - \$510 July 5th – July 29th #261103-A
_____ Session 1 - \$265 July 5th – July 15th #261101-A
_____ Session 2 - \$285 July 18th – July 29th #261102-A

HALF DAY: _____ Yorktown Half Day June 28th – July 29th #261201-A
_____ Lakeland Half Day June 28th – July 29th #261301-A
_____ \$350 (1st Child) _____ \$340 (2nd Child) _____ \$330 (3rd Child) _____ NC (4th Child)

FULL DAY: _____ Yorktown Full Day June 28th – July 29th #262201-A
_____ Lakeland Full Day June 28th – July 29th #262101-A
_____ \$665 (1st Child) _____ \$655 (2nd Child) _____ \$645 (3rd Child) _____ NC (4th Child)

EXTENDED DAY (Full Day Campers Only): _____ June 28th – July 29th #262501-A
_____ \$315 (1st Child) _____ \$305 (2nd Child) _____ \$295 (3rd Child) _____ \$285 (4th Child)

ADVENTURE: _____ Full Session - \$700 July 5th – July 28th #262303-A
_____ Session 1 - \$380 July 5th – July 14th #262301-A
_____ Session 2 - \$380 July 19th – July 28th #262302-A

TRAVEL: _____ Full Session - \$1045 July 5th – July 29th #262403-A
_____ Session 1 - \$495 July 5th – July 15th #262401-A
_____ Session 2 - \$550 July 18th – July 29th #262402-A

CHILD PLACEMENT _____

PLEASE NOTE: The other child MUST make the same request. Requests are not guaranteed and are limited to listing only one (1) other child. All Camps, including Travel/Adventure Camp, are grouped by grade and sex.

I DO / DO NOT (circle one) give permission and consent for _____ (name of camper) to participate in all activities, and allow photographs, videotapes, and interviews to be taken during the camp session. I further give permission and consent that any such photographs, videotapes, or interviews may be published and used to illustrate, promote, and advertise the camp and its camp programs.

Date: _____, 2016

PRINT NAME of Parent/Legal Guardian

SIGNATURE of Parent/Legal Guardian

CAMPER INFORMATION AND MEDICAL FORM

*This confidential form must be **COMPLETED IN FULL** for your child's welfare and safety. Please print only within the spaces provided as the margins cannot be photocopied. Your registration will not be accepted unless all information is completed. **Remember to sign the consent at the bottom.***

CAMPER _____ Sex ____ Age ____ DOB ____/____/____ Grade in Sept ____

Physician _____ Phone _____ Emergency Phone _____

MEDICAL/BEHAVIORAL INFORMATION – Physician's physical not required.

(Check all that apply and specify with details. Write N/A for those that do not apply)

Allergies (food, meds, insects, etc.): _____

Describe reactions/management of reactions: _____

Benadryl supplied by parents** (indication, dose): _____

Prescribed EpiPen**; carried by your child or stored with on-sight medical designee?: _____

Prescribed medication during camp hours** (med, time, dose): _____

Asthma

Asthma inhaler**; carried by your child or stored with on-sight medical designee?: _____

Physical limitations: _____

Behavioral concern or other precautions that will assist our staff in properly caring for your child: _____

** Medication at Camp Authorization Form to be filled out by parent and physician. Form available at Recreation Office or online at www.yorktownny.org/parksandrecreation.

IMMUNIZATION RECORD – NYS Health Department REQUIRES the following medical information. Please list **EXACT** dates (i.e. 3/21/03 – month/day/year) on this registration form.

NO ATTACHMENTS OR FAXES WILL BE ACCEPTED.

- | | | | | | |
|---|----------|----------|----------|----------|----------|
| A. Diphtheria, Pertussis, Tetanus Toxoid (DTP/DPT/DTaP) | 1. _____ | 2. _____ | 3. _____ | 4. _____ | 5. _____ |
| B. Polio (OPV/IPV/Salk) | 1. _____ | 2. _____ | 3. _____ | 4. _____ | |
| C. Varicella/Chickenpox (Varivax) | 1. _____ | 2. _____ | | | |
| D. Measles, Mumps, Rubella (MMR) | 1. _____ | 2. _____ | | | |
| E. Hepatitis B (HepB/Recombivax/Comvax) | 1. _____ | 2. _____ | 3. _____ | | |
| F. Haemophilus Influenza Type B (HIB) | 1. _____ | 2. _____ | 3. _____ | 4. _____ | |

Omissions _____

INSURANCE-

Hospitalization/Insurance Co. _____ Policy ID# _____

Please read and sign:

I give permission, in case of injury, to take my child to a hospital for treatment, to include evaluation of injuries, x-rays, and needed care.

Parent/Guardian Signature: _____ Date: _____

CONSENT – The Town of Yorktown maintains a standard liability insurance policy that does not cover medical costs for anyone injured during the normal course of participation in any Recreation Department program or facility. ALL participants participate at their own risk. I give my child permission to participate in the Off-Site Activity Program conducted during camp, which may include out of camp trips to amusement parks, and swimming. I authorize the Camp Director to secure appropriate and timely medical treatment for my child in case of medical emergency. I give permission for my child to carry and use sunscreen that is FDA approved for over the counter use. I acknowledge the Yorktown Recreation Department's right to refuse an application or to dismiss a camper at any time.

Parent/Guardian Signature _____ Date _____