

# YORKTOWN PARKS & RECREATION

## DAY CAMP REGISTRATION FORM - 2024

Camper's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address (Street/Town) \_\_\_\_\_

Male/Female \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_ Grade in Sept. 2024 \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Father's Name \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Household E-Mail \_\_\_\_\_ School Attending in Sept. 2024 \_\_\_\_\_

Emergency Contact (other than parents) \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### CAMP PROGRAMS & FEES

- Space is limited for each camp program. Registration will be conducted on a first come, first served basis.
- One (1) "Day Camp Registration Form" is required per child.
- Registration ends **Friday, May 17**
- Please place check "✓" next to your selections.

#### CAMP PROGRAMS:

- **HALF DAY CAMP:** \_\_\_\_\_ Half Day July 1<sup>st</sup> – August 2<sup>nd</sup> **#901-A**  
**Fees:** \_\_\_\_\_ \$555.00 (1<sup>st</sup> Child) \_\_\_\_\_ \$545.00 (2<sup>nd</sup> Child) \_\_\_\_\_ \$535.00 (3<sup>rd</sup> Child) \_\_\_\_\_ \$525.00 (4<sup>th</sup> Child)
- **FULL DAY CAMP:** \_\_\_\_\_ Yorktown Full Day July 1<sup>st</sup> – August 2<sup>nd</sup> **#903-A**  
\_\_\_\_\_ Lakeland Full Day July 1<sup>st</sup> – August 2<sup>nd</sup> **#902-A**  
**Fees:** \_\_\_\_\_ \$965.00 (1<sup>st</sup> Child) \_\_\_\_\_ \$955.00 (2<sup>nd</sup> Child) \_\_\_\_\_ \$945.00 (3<sup>rd</sup> Child) \_\_\_\_\_ \$935.00 (4<sup>th</sup> Child)
- **EXTENDED DAY CAMP:** \_\_\_\_\_ Yorktown \_\_\_\_\_ Lakeland **#904-A, B**  
**Fees:** \_\_\_\_\_ \$450.00 (1<sup>st</sup> Child) \_\_\_\_\_ \$440.00 (2<sup>nd</sup> Child) \_\_\_\_\_ \$430.00 (3<sup>rd</sup> Child) \_\_\_\_\_ \$420.00 (4<sup>th</sup> Child)
- **TRAVEL CAMP:** \_\_\_\_\_ Full Session July 8<sup>th</sup> – August 1<sup>st</sup> **#905-A** Fee: \$1,575.00  
\_\_\_\_\_ Session 1: July 8<sup>th</sup> – July 18<sup>th</sup> **#905-B** Fee: \$855.00  
\_\_\_\_\_ Session 2: July 22<sup>nd</sup> – August 1<sup>st</sup> **#905-C** Fee: \$855.00

#### Photo & Video Consent Opt-Out:

I do **not** grant the Yorktown Department of Parks & Recreation the right to use photographs or video of my child, in conjunction with other persons or objects in presentations, advertising, publicity, and promotion relating thereto. **Please initial to opt-out:**

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## 2024 DAY CAMP REGISTRATION FORM (cont.)

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

Camper Name \_\_\_\_\_ Sex \_\_\_\_ Age \_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade in Sept.'24 \_\_\_\_\_

Physician \_\_\_\_\_ Dr.'s Phone \_\_\_\_\_

**INSURANCE**

Hospitalization/Insurance Co. \_\_\_\_\_ Policy ID# \_\_\_\_\_

**MEDICAL/BEHAVIORAL INFORMATION** – Physician's physical not required. Check all that apply and specify with details. **IMPORTANT: Write "N/A" for those that do not apply. Do not leave space blank.**

- 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: \_\_\_\_\_

\*\* A "Medication Permission Form" is required and is to be filled out by parent and physician.  
Forms available at Recreation Office, or online at [www.yorktownny.org/parksandrecreation](http://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.

**\*\*\*IMPORTANT REMINDER\*\*\* - NO ATTACHMENTS OR FAXES WILL BE ACCEPTED.**

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

**\*\* REQUIRED: Must have signed/stamped document from Physician of ALL immunization documentation! \*\***

**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-ray's, and needed care.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CONSENT WAIVER** – 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 Activities Program when scheduled, 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:** \_\_\_\_\_



# 2024 CAMP SUNSCREEN/BUG REPELLANT AUTHORIZATION FORM

Chapter 242 amended NYS Public Health Law permitting a child to possess and use sunscreen at camp when all the following apply:

- (1) It is used to protect against overexposure to the sun.
- (2) It is approved by the FDA for over-the-counter use.
- (3) The parent or guardian provides written permission for the child to carry and use sunscreen.

**Please complete and sign this form if you would like your child to use, carry and/or would like assistance applying sunscreen/bug repellent during camp hours.**

Child's Name \_\_\_\_\_ Camp: \_\_\_\_\_

Grade entering in Sept: \_\_\_\_\_

## Sunscreen/Bug Repellent Permission:

- I consent to have my child carry and use sunscreen/bug repellent she/he has brought to camp, which is FDA Approved for over-the-counter use to avoid overexposure to the sun.

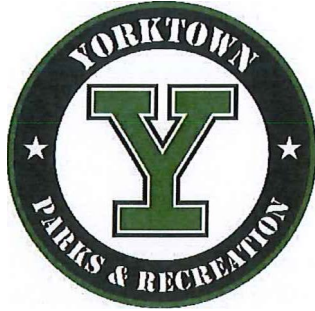
*Parent/Guardian Signature:* \_\_\_\_\_

*Print Name:* \_\_\_\_\_ *Date:* \_\_\_/\_\_\_/\_\_\_

- I consent to have a day camp staff member assist with the application of sunscreen/bug repellent when my child is unable to do so, or if my child requests the assistance.

*Parent/Guardian Signature:* \_\_\_\_\_

*Print Name:* \_\_\_\_\_ *Date:* \_\_\_/\_\_\_/\_\_\_



## YORKTOWN DAY/TEEN TRAVEL CAMP OFF-SITE PERMISSION SLIP

The New York State Department of Health requires all camps to have written permission for children to participate in any off site camp activities such as swimming at the Yorktown Municipal Complexes, or Teen Travel Trips.

Children with signed permission slips will only be allowed to participate in the aforementioned activities. If you have more than one child participating in camp, please fill out one form per child. PLEASE NOTE: Only Full Day campers visit the Yorktown Municipal Pool(s) daily, however, Teen Travel does have water trips.

### Permission Slip

I give my child \_\_\_\_\_ entering Grade (in September) \_\_\_\_\_ permission to participate in the Yorktown Recreation Day/Teen Travel Camp Off-Site Activity Program conducted at the Yorktown Municipal Pool Complexes or Teen Travel Trips, throughout the summer of 2024. I understand the following:

- Campers will be transported to the off-site facilities by school bus.
- Campers will be supervised by camp staff as well as qualified lifeguards/staff at the swim facility.
- Campers will be identified by their swim ability with a colored wristband.

Signature of Parent/Guardian: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_

Please return by June 21, 2024 in person or by mail  
176 Granite Springs Road, Yorktown Heights NY, 10598