

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

YORKTOWN PARKS & RECREATION
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.

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
(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/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:* ___/___/___