

**2009 SUMMER CAMP REGISTRATION**

**(Registration is from April 6 through May 30, 10:00 a.m.-2:00 p.m.)**

**NOTE: There will be a \$50 late fee after May 30, with no guarantee of placement.**

Camper's Name: \_\_\_\_\_ M / F (Circle One)  
Last Name First Name

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent Work/Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Name of School Currently Attending: \_\_\_\_\_

Age by 6/30/09: \_\_\_\_\_ Grade completed in June 2009: \_\_\_\_\_

**Cost:** \$350.00 per Playground session for residents with current I.D. Card  
\$425.00 per Primary session/\$160 extended day for residents with current I.D. Card  
Non-residents may register at additional fee, pending availability, after being placed on a waiting list

Fee includes a 6-week program, camp t-shirt, and off-site trips (weather permitting). Registration is on a first-come, first-served basis. Camp runs July 6th through August 14th. A \$20 charge will be incurred for each returned check. Please note there will be no refunds after the first week of camp. There is a \$5.00 administration fee and a \$75 charge for the week, or portion thereof, and no refund for late fees or ID cards.

Camp Shirt Given: \_\_\_\_\_ Handbook & Pamphlet Given: \_\_\_\_\_ Trip Permission Slip Given: \_\_\_\_\_

**Primary Camp - Entering K-1<sup>st</sup> grade in Fall:**

Hours at Sycamore Park: 9:30 a.m. - 2:30 p.m. \_\_\_\_\_  
2:30 p.m. - 4:30 p.m. extended day \_\_\_\_\_  
(for those registered 9:30-2:30 ONLY)

**Playground Camp - Entering 2<sup>nd</sup> - 8<sup>th</sup> grade in Fall:**

Hours 9:00 a.m. - 3:00 p.m. at choice of campsite  
Playground Campsite Choice (Check One) \_\_\_ Austin Road, \_\_\_ Fulmar Road, \_\_\_ Lakeview\*  
\* Due to construction at Lakeview School, this camp will be held at the Fulmar Road School.

**PICK UP FROM CAMP:** Camper has permission to go home with the following people:

**SPECIAL REQUESTS:** \_\_\_\_\_

No special request will be honored on the first day of camp. Requests must be stated on this form at the time of registration (friends in group, etc.)

Will this child be picked up by taxi or other form of transportation? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, please indicate which \_\_\_\_\_

**FIELD TRIPS:** Please indicate which trips your child will be attending:

Dutchess Stadium 7/21 \_\_\_ Splashdown 7/31 \_\_\_ Lake Compounce 8/7 \_\_\_ 4H Fair (Primary Only) 7/24 \_\_\_

I, \_\_\_\_\_ the parent/legal guardian of \_\_\_\_\_ give permission for my child to participate in the summer camp program at Sycamore Park (see separate permission slip for off-site trips). I hereby, for myself, my children, my heirs, executors and administrators, waive and release any and all rights and claims for damages against the Town of Carmel, employees, volunteers, and representatives, for any and all injuries suffered by me or my children at any activity sponsored by these groups. I understand all persons participate in Town programs at their own risk.

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

**CAMP INFORMATION AND MEDICAL FORM**

**(This form must be completed in full for registration application to be accepted)**

Camper Name: \_\_\_\_\_ M / F (Circle One) \_\_\_\_\_ Birth Date \_\_\_\_\_

Address: \_\_\_\_\_ Age \_\_\_\_\_

Grade Completed in June 2009 \_\_\_\_\_ Campsite: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Tel Day: \_\_\_\_\_ Tel Eve: \_\_\_\_\_

Father's Name \_\_\_\_\_ Tel Day: \_\_\_\_\_ Tel Eve: \_\_\_\_\_

**Emergency Contact:** In case of an emergency and if we are unable to contact the above, please designate a family friend, neighbor or relative who can be reached to act on behalf of the applicant during camp hours.

Name: \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Alternate phone # \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Medical Insurance: Name of Carrier \_\_\_\_\_ ID # \_\_\_\_\_

**MEDICAL HISTORY:** Please fill out completely and check off YES or NO in each case.

ALLERGIES – Does your child have any allergies? \_\_\_ Yes \_\_\_ No If yes, please explain fully.  
\_\_\_ Food \_\_\_ Medication \_\_\_ Insect Bites \_\_\_ Other \_\_\_\_\_

\_\_\_ Asthma Does he / she need an inhaler? \_\_\_ Yes \_\_\_ No

PHYSICAL CONDITIONS OR LIMITATIONS \_\_\_ Yes \_\_\_ No If Yes, please explain fully.  
\_\_\_\_\_  
\_\_\_\_\_

MEDICATION: Will he / she require medication during camp hours? \_\_\_ Yes \_\_\_ No If yes, describe below.  
\_\_\_\_\_  
\_\_\_\_\_

If Yes, **ALL** medication must be turned over to the Camp Coordinator and must be accompanied by notes from both the parent/guardian and physician. A physician's signature is required below.

Name of Medication(s): \_\_\_\_\_ Diagnosis of Condition: \_\_\_\_\_

Dosage and Frequency: \_\_\_\_\_ Purpose of Medication: \_\_\_\_\_

Doctor's Telephone: \_\_\_\_\_ Doctor's Signature: \_\_\_\_\_

Other Comments: \_\_\_\_\_

**IMMUNIZATION RECORDS** (Required by New York State. **Fill in latest dosage dates;** no attachments accepted)

Poliomyelitis (OPV) \_\_\_\_\_ Hepatitis B: \_\_\_\_\_

Measles/Mumps/Rubella (MMR) \_\_\_\_\_ Diptheria/Pertussis/Tetanus (DPT) \_\_\_\_\_

Haemophilus Influenza-Type B (HIB) \_\_\_\_\_ Varicella Zoster (VZV)(Chicken Pox) \_\_\_\_\_

**OR**

**NO IMMUNIZATIONS**

This is to advise you that my child has not been immunized due to: \_\_\_\_\_

**EMERGENCY AUTHORIZATION:** In the event I cannot be reached and an emergency occurs, I hereby give consent and permission for my child to receive emergency treatment.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_