

2010 SUMMER CAMP REGISTRATION

(Registration is from April 5 through May 29, 10:00 a.m.-2:00 p.m.)

NOTE: There will be a \$50 late fee after May 29, 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 6/30/10: _____ Grade completed in June 2010: _____

Cost: \$375.00 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 for non-resident 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 13th. 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.

I have received: Camper T- Shirt: _____ Handbook & Calendar of Events: _____ NYS Pamphlet: _____

Primary Camp - Entering K-1st 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 2nd - 8th 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

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 7/22 (Rain Date 7/23) _____, Coco Key Water Resort 7/30 _____, Lake Compounce 8/6 _____
4H Fair (Primary Campers Only) 7/23 _____

I, _____ the parent/legal guardian of _____ give permission for my child to participate in the summer camp program at Sycamore Park and the trips marked above. 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 2010 _____ 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

CONDITIONS OR LIMITATIONS (physical, emotional, behavioral, etc.) Yes No If Yes, please explain fully in order to assist Counselors: _____

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: _____