

2011 SUMMER CAMP REGISTRATION

(April 4 through May 31, 10:00 a.m. - 2:00 p.m., Monday through Friday ONLY!!)

Camper's Name: Last Name First Name M / F ( Circle One)
Returning Camper: Y / N
New Camper: Y / N

Address: City/State/Zip

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

Date of Birth: Name of School Currently Attending:

Age by 6/30/11: Grade completed in June 2011:

Early Bird \$375.00 per Playground session for residents with current I.D. Card
Fee\*: \$425.00 per Primary session / \$160 extended day for residents with current I.D. Card
Non-residents may register at non-resident fee, pending availability, after being placed on a waiting list.

\* \* All registrations accepted after May 27 will be subject to increased fees, being wait-listed, and no guarantee of camp site choice.\* \*

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 5th through August 12th. 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 first week, or portion thereof, and no refund for ID cards.

I have received: Camper T- Shirt: Handbook & Calendar of Events: NYS Pamphlet: (please initial)

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 for 9:30 a.m.-2:30 p.m. 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: Requests must be stated on this form at the time of registration (friends in group, Counselor, etc.)

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

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

4H Fair (the only trip for Primary Campers) 7/29 Dutchess Stadium: 7/12 (Rain Date 7/13)

Coco Key Water Resort: Austin & Lakeview July 22 Maritime Aquarium: Fulmar July 22
(includes swimming) or Fulmar Road August 5 or Austin & Lakeview August 5

I, the parent/legal guardian of give permission for my child to participate in the summer camp program at Sycamore Park, including swimming, and the trips marked above which may include water activities. 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. By signing this, I certify that to the best of my knowledge, the information on this application is correct.

Parent/Guardian Signature: Date:

**SUMMER 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 2011 \_\_\_\_\_ Campsite: \_\_\_\_\_ Returning Camper: Y / N  
New Camper: Y / N

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

Guardian /  
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: \_\_\_\_\_, Relationship to Camper: \_\_\_\_\_  
Phone #: Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Dentist's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Medical Insurance:** Name of Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

**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 \_\_\_\_\_

Is Epi-pen required: \_\_\_ Yes or \_\_\_ No \_\_\_\_\_ Asthma – Is inhaler needed? \_\_\_ Yes or \_\_\_ No

CONDITIONS / LIMITATIONS / RESTRICTIONS (medical, physical, emotional, behavioral, dietary, etc.) \_\_\_ No  
or \_\_\_ Yes If Yes, please explain fully in order to assist staff: \_\_\_\_\_

MEDICATION: Does camper take any medication on a daily basis? Y / N If yes, what medication and is it required during camp hours? Describe fully: \_\_\_\_\_

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NOTE: Any changes to medication during the six week program must be noted on an Update to Health Form, which may be picked up in the Recreation and Parks Department office at Sycamore Park.

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., including a Doctor's Order stating that the child can have the medication and self-medicate.

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

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

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

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

**IMMUNIZATIONS: YOU MUST ATTACH A COPY OF THE CHILD'S CURRENT IMMUNIZATION RECORDS (Required by New York State) IN ORDER FOR REGISTRATION TO BE ACCEPTED!**  
**PLEASE NOTE THAT COPIES WILL NOT BE MADE IN THE OFFICE AT TIME OF REGISTRATION!**

OR

**NO IMMUNIZATIONS**

This is to advise you that my child has not been immunized due to: \_\_\_\_\_  
In the event of a communicable disease outbreak, I understand this camper will be excluded from the camp if not fully immunized.

**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/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_