



PARKS & RECREATION

<u>Office</u>
<u>Use</u>
<u>Only</u>
<input type="checkbox"/> Med
<input type="checkbox"/> PAHH
<input type="checkbox"/> Photo

2015 Summer Day Camp Registration Form

Please check the camp session (s) your child will be attending.

_____ Session 1 (July 6-July 17)

_____ Session 2 (July 20-July 31)

_____ Session 3 (August 3-August 14)

*** For children entering grades K-7 in the fall.

Child's Name: _____ **Age when camp begins:** _____ **Grade in fall:** _____

Child's Home Address: _____ City: _____ Zip: _____

Swim Level: _____ Gender: _____ DOB: _____

T-Shirt Size (please circle): YS YM YL AS AM AL AXL

(If no t-shirt size is selected an Adult Small will be given. We cannot guarantee shirt size availability.)

E-mail Address: (Will be used as communication for summer camp confirmation/important information).

Parent Name: _____ Parent E-mail: _____

PARENT/GUARDIAN #1:

Name: _____

Home Address: _____ City: _____ Zip: _____

(if different than above)

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Which number is best to call first during camp hours if we need to reach you? (Circle one): Home Cell Work

PARENT/GUARDIAN #2:

Name: _____

Home Address: _____ City: _____ Zip: _____

(if different than above)

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Which number is best to call first during camp hours if we need to reach you? (Circle one): Home Cell Work

***Is there any important court/custody information that needs to be shared with us? Yes _____ No _____

(If YES, copies of court documents must be provided).

EMERGENCY CONTACT (If parent (s) cannot be reached) * This person MUST be over 18, have transportation and can pick up child within 30 minutes in the absence of parent contact.

Name: _____ Relationship: _____ Phone: _____

ALTERNATE PICK-UP LIST (If others are allowed to pick up child from camp, please list here):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

ALL 5 BULLETED SECTIONS MUST BE COMPLETED

Photo Release:

I hereby grant the Town of LaGrange permission to use my child's photograph, video picture and/or other digital reproduction of him/her or of his/her physical likeness for publication and/or promotional purposes of LaGrange Parks & Recreation activities. _____ Accept _____ Decline

• **Parent/Guardian Signature** _____ **Date** _____

PERMISSION/ AGREE TO HOLD HARMLESS:

As the participant signed below, knowing fully that the Town of LaGrange Parks and Recreation Department provides the program activity, and or special event and all aspects associated with these being -Facility (s), Instructors (s), Equipment and Supervision: I hereby: 1. Agree to furnish my own insurance in case of injury, 2. Assume all risks and responsibilities of possible injury involved with participating in this program, activity, and or special event. 3. Testify that I am in sound health and capable of participating in the registered program. 4. Further agree to indemnify and hold harmless the Town of LaGrange, Parks & Recreation Department or employees, to include volunteers, from liability resulting from my participation in this program, activity or special event.

• **Parent/Guardian Signature** _____ **Date** _____

Medical History:

A CURRENT MEDICAL PHYSICAL FORM INCLUDING IMMUNIZATION RECORDS MUST ACCOMPANY THIS FORM OR SENT TO THE RECREATION OFFICE FOR REGISTRATION.

• Are both records attached? _____ Y _____ N or faxed/e-mailed? _____ Y _____ N

Office Phone: 845-452-1972 Office Fax: 473-7079 Office E-mail: dlindo@lagrangeny.org

Please call the Recreation office to verify that we have received the camper's medical history form. **We cannot accept ANY registration without this information in hand.**

Please list below any medical condition, allergy or special requirements for the program participant:

PHYSICIAN NAME: _____ *PHONE:* _____ *ADDRESS:* _____

INSURANCE COVERAGE? (YES/NO) COMPANY NAME: _____ *ID#* _____

In case of emergency, I hereby give permission to the medical personnel selected by the camp, in my absence, to act as my agent in securing proper medical treatment for my child as named above, including hospitalization, routine tests, X-rays and other medical treatment. Every possible effort will be made to contact parents in the event of an emergency.

• **Parent/Guardian Signature** _____ **Date** _____

I give the Town of LaGrange and Recreation Staff permission to apply to my child the following topical ointments if needed while participating in our program:

Neosporin: YES _____ NO _____ Deet-Free bug spray: YES _____ NO _____ Sunscreen: YES _____ NO _____

• **Parent/Guardian Signature** _____ **Date** _____



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Child's Name: _____

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(Resident) **\$250.00** X _____ session(s) = _____

(Eligible Non-Resident) **\$300.00** X _____ session(s) = _____

Multi child discount (children in the same family)

25% off 3rd child = _____

50% off 4th child = _____

75% off 5th child = _____

Registration fee per child with Freedom Lake Pass **\$30.00** _____

Registration fee per child without Freedom Lake Pass **\$60.00** _____

Bus Transportation **\$25.00** X _____ session(s) = _____

Total Amount Due \$ _____

Date _____ Cash _____ Check # _____ Res _____ Non-Res _____

Session Placement: Session 1 _____ Session 2 _____ Session 3 _____

Bus Stop: _____ **Lake Pass #** _____