



Town of Clifton Park Summer Day Camp Registration Form



Please print and fill out this form **COMPLETELY**.

Child's Name: _____ Site: _____

D.O.B. ____/____/____ Grade Entering _____

Address: _____

Town/City: _____ St: _____ Zip: _____

Home #: _____ Work #: _____

Email Address: _____

Emergency Information during Camp Hours (Must list at Least Two #s)

Please star* people who are authorized to pick up child

Relationship:	Person's Name:	Telephone #s
<input type="checkbox"/> Mother	_____	H-_____ W-_____
<input type="checkbox"/> Father	_____	H-_____ W-_____
_____	_____	H-_____ W-_____
_____	_____	H-_____ W-_____

Siblings in This Camp: _____ Grade _____

_____ Grade _____

****Medical Information****

Please indicate month and year of Immunization for each of the following:

Polio (OPV/IPV)	_____	Diphtheria, Tetanus, Pertussis (DPT)	_____
Varicella (Chicken Pox)	_____	Measles, Mumps, Rubella (MMR)	_____
Hepatitis Series (Hep)	_____	Haemophilus Influenza Type B (Hib)	_____

- Please note any recent/current illness/injury or existing medical conditions. _____
- Allergies? Yes ___ No ___ Food/Drugs/Other _____
- On Any Medication? _____
- Special Accommodations: The Town of Clifton Park supports the 1992 Americans with Disabilities Act. Please briefly describe any special accommodations your child may need to participate and someone will contact you. _____
- *Please speak directly to the Site Director about the above. *In order for medication (Inhalers & Epi Pens) to be taken at camp, we must have written permission from parent and written order from doctor. Please see attached medical form and new Epi Pen protocol information in Parent Handbook both available at www.cliftonpark.org.*

Make checks payable to: Town of Clifton Park
Mail to: Parks, Recreation & Community Affairs, 1 Town Hall Plaza, Clifton Park, NY 12065

WAIVER AND RELEASES

PLEASE READ THE FOLLOWING CAREFULLY. BY SIGNING BELOW, YOU AGREE TO THE FOLLOWING

I hereby grant permission for my child, identified above, to participate in the Clifton Park Summer Recreation Program and acknowledge all rules, regulations and directives of the program. I have received the parent handbook and will familiarize myself with the program guidelines. I assume, for and on behalf of my child, all risks and hazards incidental to such participation. I also recognize the difficulties and challenges involved in the outdoor, sports programs and camps, and that my child is sufficiently physically and psychologically fit to participate and has not been advised otherwise by a physician. I agree to indemnify and hold harmless the Town of Clifton Park, its employees and personnel from any and all claims, causes of action, liability for injuries or damages which may arise as a result of participating in this summer recreation program and its trips and activities, including, but not limited to, reasonable attorney's fees and the costs and disbursements of any legal actions. I do hereby waive, relinquish, release, discharge, and hold The Town of Clifton Park harmless from any and all liabilities, for any physical or mental injury or aggravation of any pre-existing illness, handicap, and death, loss of enjoyment, or any other harm or loss of nature which may be sustained by my child while participating in the Summer Recreation Program. The scope of this agreement extends to any actions taken by the Town of Clifton Park Office of Parks, Recreation & Community Affairs, the Town of Clifton Park, its employees, personnel, volunteers, and the instructor of any class or activity in responding to any emergency and/or medical situation or event. I further agree that they may act in an emergency as best fits the situation in the event either myself or emergency contact cannot be timely reached.

Participants may be photographed while participating in a Clifton Park Parks & Recreation camp and said photographs may be used to publicize activities as the Town deems appropriate.

I give my child permission to ride his/her bike, walk or skate to and from the Clifton Park Summer Day Camp Site.

Signature of Parent

Date

Town of Clifton Park Full Day Summer Camp Registration - Form II

Confidential - To be retained by Town of Clifton Park Staff Only

Please print and fill out this form COMPLETELY .		Full Day Camp Registration includes Recreation t-shirt, which is required for field trips. Please indicate size.			
Child's Name: _____ Site: Clifton Park Arena		Child:	Small _____	Medium _____	Large _____
D.O.B. ____/____/____ Grade Entering _____		Adult:	Small _____	Medium _____	Large _____
Address: _____					
Town/City: _____ St: _____ Zip: _____					

Check weeks your child will attend the Full Day Camp.
Regular camp hours are from 9 a.m. to 4 p.m. There is a minimum 4 week participation required.

Week	Cost	Pre Care	Cost	Pre Care	Cost	After Care	Cost	After Care	Cost
Week 1 June 28 th - July 2 nd	\$85 ____	7:30 a.m. - 8 a.m.	\$7.50 ____	8 a.m. - 9 a.m.	\$15 ____	4 p.m. - 5 p.m.	\$15 ____	5 p.m. - 6 p.m.	\$15 ____
Week 2 July 6 th - July 9 th	\$85 ____	7:30 a.m. - 8 a.m.	\$7.50 ____	8 a.m. - 9 a.m.	\$15 ____	4 p.m. - 5 p.m.	\$15 ____	5 p.m. - 6 p.m.	\$15 ____
Week 3 July 12 th - July 16 th	\$85 ____	7:30 a.m. - 8 a.m.	\$7.50 ____	8 a.m. - 9 a.m.	\$15 ____	4 p.m. - 5 p.m.	\$15 ____	5 p.m. - 6 p.m.	\$15 ____
Week 4 July 19 th - July 23 rd	\$85 ____	7:30 a.m. - 8 a.m.	\$7.50 ____	8 a.m. - 9 a.m.	\$15 ____	4 p.m. - 5 p.m.	\$15 ____	5 p.m. - 6 p.m.	\$15 ____
Week 5 July 26 th - July 30 th	\$85 ____	7:30 a.m. - 8 a.m.	\$7.50 ____	8 a.m. - 9 a.m.	\$15 ____	4 p.m. - 5 p.m.	\$15 ____	5 p.m. - 6 p.m.	\$15 ____
Week 6 Aug. 2 nd - Aug. 6 th	\$85 ____	7:30 a.m. - 8 a.m.	\$7.50 ____	8 a.m. - 9 a.m.	\$15 ____	4 p.m. - 5 p.m.	\$15 ____	5 p.m. - 6 p.m.	\$15 ____
Week 7 Aug. 9 th - Aug. 13 th	\$85 ____	7:30 a.m. - 8 a.m.	\$7.50 ____	8 a.m. - 9 a.m.	\$15 ____	4 p.m. - 5 p.m.	\$15 ____	5 p.m. - 6 p.m.	\$15 ____
Week 8 Aug. 16 th - Aug. 20 th	\$85 ____	7:30 a.m. - 8 a.m.	\$7.50 ____	8 a.m. - 9 a.m.	\$15 ____	4 p.m. - 5 p.m.	\$15 ____	5 p.m. - 6 p.m.	\$15 ____
Sub-Totals:									

TOTAL:		<i>Office Use Only:</i>	Amount Paid: _____ Date: _____	Amount Due: _____
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A payment of 4 weeks is required at time of registration of which \$50 is non-refundable. Total payment required by June 11th. **Lunch will be provided two days per week (please refer to the calendar for lunch days).** All other days bring your own lunch. Children are recommended to bring a snack and drink (NO GLASS containers please). Calendars will be available after June 1st. Credit cards are accepted in the office only. **Make checks payable to: Town of Clifton Park.**

Parent/Legal Guardian Signature _____	Date: _____
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