

Return at least 5 days before attending camp



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
Mother	_____	H-_____ W-_____
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 _____

- Any Prescription 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