



2019 Town of Washington Recreation Prek- Summer Camp Sampler Registration

TOWN OF WASHINGTON RECREATION COMMISSION PROGRAM ELIGIBILITY and ADMINISTRATION OF FEES The Town Recreation programs are generously supported by taxes levied by the Town of Washington, not the School District. For the purposes of administering program fees, there are two categories of residency. Town of Washington Resident (TOWR) – Resides within the boundaries of the Town of Washington. Non-Residents (NR) – Resides OUTSIDE the boundaries of the Town of Washington.

OUTSTANDING BALANCES: Must be paid in full before participation in subsequent programs will be allowed. If experiencing financial challenges, please call the Recreation Office to set up a payment plan. This information is considered confidential.

REFUNDS/CREDITS: In the event a program is cancelled, a full refund will be issued to all registered participants. Refunds also may be given, at the request of a participant, up to one week prior to the start of a program. A \$25 administrative fee will be deducted from the refund for all programs. If refunds are requested after a program has begun, refunds will be issued at the discretion of Recreation personnel.

<u>Deadline: May 15, 2019</u> <u>Late Deadline: May 16 - June 5 with a \$25 late fee per child</u>
<u>Pre-K</u>
<u>Fees: Resident \$170, Non-Resident \$195</u> <small>*Please see above to determine if you are considered a resident/nonresident.* *Please note; third child camp rates do not apply for the Pre-k Sampler</small>

- 1) In order to participate, please fill out the registration form in its entirety.
Checks payable to: T.O.W. Recreation: Mail To: PO BOX 667 Millbrook NY, 12545
- 2) **Sampler program is open children who are 4 years old by the start of camp, and fully potty trained.** The program will max out at the first 12 participants.
- 3) Camp runs July 2-5 and July 8-12 , no camp July 4th, from 9am-12pm daily.
- 4) Please note: Our camp phone (845-677-9545) is active camp days from 8:45-12:15pm, should you have any camp related questions, or changes to make to your camper's upcoming schedule at anytime outside these hours, please leave a message at 845-677-8278 and we will return your call by close of business day.
- 5) This year, our camp packet will be e-mailed out by June 15, 2019 and posted on www.towsummercamp.com
- 6) You have the option to subscribe to text alerts, invites to your mobile phone number will be sent out in June as well.
- 7) Payment schedules: 50% of total registration is due at sign up
The remaining 50% is due by the first day of camp.
- 8) Follow us on Facebook: "Town of Washington Recreation" to check out what's happening at camp

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Age	Grade (Sept '18)	First	Last	DOB (m/d/yy)

PARENT/GUARDIAN NAME: _____

MAILING ADDRESS: _____

TOWR/Non-Resident PHYSICAL ADDRESS: _____

PLEASE CHECK ONE: _____ RENT _____ OWN PROPERTY

SELECT ONE: ___ Town of Washington Resident ___ Non-Resident

*see cover page for explanation

TELEPHONE: (____) _____ CELL: (____) _____
_____ *I wish to subscribe to text alert updates*

FAMILY E-MAIL ADDRESS: _____

PHOTO RELEASE

THE RECREATION DEPARTMENT HAS MY PERMISSION TO USE MY OR MY CHILD'S PHOTOGRAPH PUBLICALLY TO PROMOTE THE RECREATION DEPARTMENT. I UNDERSTAND THAT THE IMAGES MAY BE USED IN PRINT PUBLICATIONS, ONLINE PUBLICATIONS, PRESENTATIONS, WEBSITES, AND SOCIAL MEDIA.

SIGNATURE OF PARENT/GUARDIAN: _____

IMMUNIZATION RECORD NEEDS TO BE ATTACHED TO EACH CAMPER'S REGISTRATION FORM

Initial Here _____

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EMERGENCY CONTACTS It is necessary that we have TWO persons to call that are available during the 9-12:30pm camp time period.

Name: _____ Telephone: _____

Name: _____ Telephone: _____

If your child has any special needs, order of protections, or special requirements please list here: _____

Please list siblings/grades also in camp: _____

MEDICAL QUESTIONS

1. Does your child have a vision, hearing, or other physical disability which requires special attention or would limit participation in camp activities? ___ Yes ___ No

If yes, explain: _____

2. Does your child require emergency treatment for epilepsy, diabetes, nose bleeds, bee stings, etc. ___ Yes ___ No

If yes, explain: _____

3. Will medicine be supplied for camp? ___ Yes ___ No If yes, explain: _____

4. Does your child have allergies ___ Yes ___ No If yes, explain: _____

5. In the space below, please list any additional information you wish we should be aware of: _____

RELEASE & CONSENT FORM

RELEASE/HOLD HARMLESS

As in any recreational activity, there are some inherent risk, and injury may occur. I hereby release and discharge the Town of Washington, its agents, employees, and appointed officials, volunteers, commissions or associations from any and all claims or actions for losses, damages or personal injuries to myself or my child which may occur or arise out of my or my child's participation in any of the Town of Washington Recreation Commission programs or activities in which I have registered. I do also realize that there is no medical insurance coverage offered through the town. All medical injuries that may occur are the sole responsibility of the participant/parent/guardian.

Signature of Parent(s) or Legal Guardian(s) _____

AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT

AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT FOR MINOR CHILD DURING ABSENCE. We (I) hereby state that we are (I am) the natural parent(s) or legal guardian(s) of the child indicated below. We (I) authorize the adults named below to grant consent for emergency medical treatment, diagnostic tests, and procedures, anesthesia, hospital care and medical or surgical treatment to be rendered by the physician of the medical staff of a hospital when such treatment is required and efforts to contact me are impractical or unsuccessful during the period from June 27, 2017- August 4, 2017 from 9am-1pm for morning camp. I hereby grant permission for my child to be transported in the event of an emergency if I cannot be reached. * Emergency decision makers if we (I) or my (our) emergency contacts can not be reached: Full time Town of Washington staff, and/or Leanne Blanchette.

Date: _____

Signature of Parent(s) or Legal Guardian(s) _____

Print Name of Parent(s) or Legal Guardian(s) _____

Print Name of Child(ren) _____

Child's Physician: _____ **Hospital Affiliation:** _____

Medical Insurance (Name of Plan): _____ **ID Number:** _____

*Insurance information is mandatory, if no medical insurance, please state: _____



CREDIT CARD PAYMENT AUTHORIZATION

Amount: \$ _____ please charge for the following:

- | | |
|--|--------------------------------|
| ● Dog License | ● Recreation Fees \$ _____ |
| ● Hunting License
(Include Copy of
Driver's License) | ● Pool Pass (Season Pass Only) |
| ● Transfer Station | ● Building Permit Application |
| ● Town/County
Property Tax | ● Marriage License |
| | ● Genealogy Search |

Account #: _____

Expiration Date: ____/____

3 Digit Security Code: _____

Billing Zip Code: _____

(Located on the back of card)

Card Holder Name: _____

(Exactly as it appears on card)

Billing Address: _____

Phone: () _____

Signature: _____

Date: _____

By signing this authorization form you allow the Town of Washington to charge your credit card a one-time fee for the purpose indicated above. **Credit card transactions are charged an additional fee of \$1.95 up to \$80.00 and 2.45% if over \$80.00.**

NOTES: Please specify what department and program you are paying for: _____
