

Town of Esopus Summer Recreation Program 2010  
Ross Park, Port Ewen



**CAMPER REGISTRATION FORM**  
All information will be kept confidential

- |                        |
|------------------------|
| Registration # _____   |
| 1. BC _____            |
| 2. Proof of Res. _____ |
| 3. Immun Record _____  |
| 4. Cash/Check \$ _____ |
| Receipt # _____        |
| 5. Camper Commit _____ |

RETURNEE OR NEW

Camper's name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address \_\_\_\_\_

Grade (Fall 2010) \_\_\_\_\_ School: \_\_\_\_\_

**PRIMARY CONTACT**

Parent/Guardian Name \_\_\_\_\_

Daytime Phone (9am-3pm) \_\_\_\_\_ E-mail \_\_\_\_\_

Place of Work: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone/other phone numbers \_\_\_\_\_

Please list local persons to call if primary contact is unavailable. These contacts must know they are listed and be available anytime during camp hours.

1) Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

2) Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

3) Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Camper's Name \_\_\_\_\_

**CHILD HEALTH HISTORY**

Medical History is to include the child's current immunization records.

CURRENT HEALTH STATUS (allergies, diseases, physical challenges, health problems, prior injuries, etc.) \_\_\_\_\_

Specific restrictions: \_\_\_\_\_

Is the Camper on medication?    YES                      NO  
If yes, will the camper need to take medication at camp?    YES                      NO

Name of Medication: \_\_\_\_\_

Condition: \_\_\_\_\_

\*Please note that all medicine including aspirin, inhalers Benadryl, cough suppressant, etc. must be accompanied by written permission from a physician.\*

**\*\*IMPORTANT\*\*** Please notify the director if your child has been exposed to any communicable diseases in the three weeks prior to attending camp!

Name of Family \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

For emergency use only:

Name of Medical Insurance: \_\_\_\_\_

Hospital of Preference: \_\_\_\_\_

**THE FOLLOWING AUTHORIZATION MUST BE COMPLETED AND SIGNED BY THE PARENT OR LEGAL GUARDIAN ONLY:**

This form, to the best of my knowledge is correct and the child herein has my permission to engage in the program activities except those indicated by me. In the event I cannot be reached in an emergency, I hereby give permission to the Camp Director, Assistant Camp Director, EMT or other designated medical professional to hospitalize or secure proper treatment for my child as named above. I understand that my child will participate in the Town of Esopus Summer Camp Recreation Program at his/her own risk.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Town of Esopus Summer Camp 2010**

## The Camper's Commitment

The camper's commitment to a safe summer camp park program includes:

**Wash your hands!**

Before you eat, after you paint or play in the dirt, you must wash your hands!

**Stay cool!**

When it gets hot, seek shade. Join in on an activity under the pavilion, take a sip of water, or just relax.

**Be Healthy!**

Bring a healthy lunch and snack that doesn't have to be refrigerated. Sugary drinks attract bees and aren't healthy for the summer activities. If you feel sick at home, you shouldn't come to camp. If you feel sick at camp, tell an adult so we can take care of you!

**Keep our park clean!**

We must clean up after each activity. Throw away your trash, don't litter, wash your hands, and clean up spills.

**Be on time!**

Activities will run until 2:45 pm when dismissal begins. Please be picked up on time!

**Be Active! No Electronics this includes handheld video games, cell phones, computers, cameras. They will be Taken Away for the Day! NO Exceptions!**

**Toys & other Personal items: Bring at Your Own Risk.** The Staff is not responsible for any lost or broken items.

**Don't Forget:**

**The adults that work at the park are there to keep you safe.** When you get to camp, go directly to the pavilion for attendance and announcements. Then the day is yours! Please do not play on the playground, in the fields or at the courts until a counselor knows where you are!

**Choose activities that you are comfortable with.** If there is a game planned that you've never played before, try it!

Some activities are planned for older or younger children, so be sure you know the rules of the activity.

**Walk where we can see you.** Running ahead of counselors or other children may cause a crash or fall, and may not allow counselors to see you. Take your time; you'll get to wherever you are going!

**Follow the rules of the Park!** Certain parts of the park have specific rules that need to be followed to stay safe. Be sure you know what is expected of you! If you don't think you should do something, you are probably correct and shouldn't!

**JUST A FEW REMINDERS:**

- √ You should wear comfortable shoes/sneakers. Shoes must be worn in all activities.
- √ "Boys vs. Girls" play will be discouraged. The Counselors are in charge of activities and will not allow campers to overrule, bully, or boss other campers around.
- √ Children that ride their bikes to and/or from camp must wear their helmets. You may only ride your own bike/scooter/skateboard at appropriate times!
- √ All out of camp trips will follow park rules, consequences, discipline, and safety issues. All participants must have a signed permission slip on file to participate in the camp trip. Trips will take place as arranged, by foot. An example of an out of camp trip may include town hall, library, etc.
- √ The storage closet, medical kit and supplies and equipment in the closet are off limits to campers.
- √ In the event of a fire drill or emergency, campers are expected to follow all instructions for safety precautions.
- √ Certain rules for each part of the park must be followed at all times to keep everyone safe. These specific will be discussed on the first day of camp.

**PARENT & CHILD TOGETHER, PLEASE REVIEW THESE GUIDELINES THEN SIGN, DATE AND RETURN IT TO THE CHILD'S COUNSELOR ON THE FIRST DAY OF CAMP.**

We, parent & child have read and understood the rules and policies set forth in the Camper's Commitment above. We, parent & child have discussed them together. We understand that if the child violates these rules and/or policies to an unacceptable extent, the child's registration in the program may be terminated, without refund. We also understand that the participation at this camp is at the child's own risk.

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Child's Signature and Date

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Parent's Signature and Date

Camper's Name \_\_\_\_\_

**PLEASE INDICATE:**

Vacation dates or not attending camp

Week 1 June 28- July 2

Week 2 July 6 – July 9

Week 3 July 12 – July 16

Week 4 July 19 – July 23

Week 5 July 26 – July 30

Week 6 August 2 – August 6

Week 7 August 9- August 13

Any siblings/other children living in household and/or close friends that attend camp too:

Name: \_\_\_\_\_ Age \_\_\_\_\_ Returnee      New

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Returnee      New

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Returnee      New

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Returnee      New