

# Dobbs Ferry Recreation Teen Camp

## Registration Form 2024

Registration will ONLY be accepted if ALL of the following information has been completed AND submitted along with your child's immunization records from their doctor. If any information is incomplete, we cannot accept this registration to our Camp Program as per Westchester County Department of Health Regulations.

Please print clearly

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

Home Address \_\_\_\_\_ Tee Shirt Size \_\_\_\_\_

Home Phone \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade entering in September \_\_\_\_\_

Email (so we may send you updates) \_\_\_\_\_

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

Daytime Phone \_\_\_\_\_ Cellular Phone \_\_\_\_\_

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

Daytime Phone \_\_\_\_\_ Cellular Phone \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:** In the event that we cannot reach the parents/guardians. Please list those who can pick up your child within 15 minutes in the event of an emergency.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation to camper \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation to camper \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation to camper \_\_\_\_\_

**Emergency Contact Password:** \_\_\_\_\_

(To be use by your Emergency Contact to ensure extra security at pick up)

CAMP SEGMENT (Please Indicate which weeks you will be signing up for):

**Camp:**

Week 1 (7/1-7/3)	<input type="checkbox"/>	Week 2 (7/8-7/12)	<input type="checkbox"/>	Week 3 (7/15-7/19)	<input type="checkbox"/>	Week 4 (7/22-7/26)	<input type="checkbox"/>	Week 5 (7/29-8/2)	<input type="checkbox"/>	Week 6 (8/5-8/9)	<input type="checkbox"/>	All 6 Weeks (7/1-8/9)	<input type="checkbox"/>
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Week 1 - \$275 resident	\$350 non-resident & school district
Weeks 2-6 - \$455 resident	\$555 non-resident & school district
All 6 weeks - \$2,400 resident	\$2,975 non-resident & school district

Any weeks added after May 6<sup>th</sup> will incur an additional \$25 per week or \$100 for full registration late fee

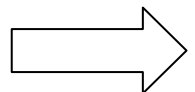
**OFFICE USE ONLY:**

Date: \_\_\_\_\_ Amount : \$ \_\_\_\_\_ Initials: \_\_\_\_\_

Amount Paid: Cash \$ \_\_\_\_\_ Check # \_\_\_\_\_ CC \_\_\_\_\_

(3% fee charged on all debit/credit cards)

CONTINUED ON  
REVERSE SIDE



**Camp forms & payments are due by May 3<sup>rd</sup>!**

**NO REFUNDS AFTER May 6<sup>th</sup>!**

**Immunization Records:** Please attach your child's immunization records from their doctor's office with your doctor's stamp. Immunization dates are required for diphtheria, haemophilus influenza type B, hepatitis B, measles, mumps, poliomyelitis, rubella, tetanus and varicella (chicken pox), or acceptable exception notification. If your child is not immunized, you must provide a letter from a physician stating that there is a medical reason why he/she can't receive the vaccine.

List any allergies, medical concerns, special diets or activity restrictions that we should be aware of:

Has your child ever been stung by an insect? \_\_\_\_\_ Was there a reaction? \_\_\_\_\_

**MEDICATIONS:** By law any medications taken at camp **MUST BE ACCOMPANIED BY A DOCTOR'S NOTE (MEDICATION AUTHORIZATION FORM):**

Asthma Inhaler: Type \_\_\_\_\_ Frequency of Use \_\_\_\_\_  
Epi-Pen: Type \_\_\_\_\_ Frequency of Use \_\_\_\_\_  
Medications: Type \_\_\_\_\_ Frequency of Use \_\_\_\_\_

**PLEASE READ CAREFULLY AND INITIAL**

**INITIAL**

\_\_\_\_\_ **Emergency Permission:** In the event of a serious emergency, I give permission for my child to be taken the nearest hospital for treatment including and necessary diagnostic tests/exams. I understand that every attempt to reach me will be made prior to taking my child to the hospital.

\_\_\_\_\_ **Immunization Record:** I understand that my child may not attend Camp if the immunization record is not received before the start of Camp. I understand that Dobbs Ferry Day Camp requires each camper to have a current immunization history provided by a physician within 12 months of attending camp.

\_\_\_\_\_ **Medication Permission:** In the event that my child need his/her medication, I give permission to the Camp Medical Director to administer the necessary medications. I understand that I will be notified by the Medical Director in the event my child needs his/her medication.

\_\_\_\_\_ **Permission to participate and swim:** I give permission for my child to participate in swim activities during Dobbs Ferry Recreation's Teen Camp 2023 program from July 1 –August 9, 2024.

\_\_\_\_\_ **Permission to Walk/Bike Home:** I give permission for my child to walk/bike home from camp from either Dobbs Ferry High School or Gould Park after the camp day is completed.

\_\_\_\_\_ **Camp Trip Permission:** I give my permission for my child to attend **ALL** camp trips. I also understand I will not be refunded for any trips my child does not attend. If I do not want to send my child on a trip I understand that they will not attend camp that day. I will also notify the Camp Directors the week of the trip that my child will not be attending.

\_\_\_\_\_ **Sunscreen Permission:**

I consent to have my camper carry and use sunscreen she/he has brought to camp, which is FDA approved for over-the-counter use to avoid overexposure to the sun.

\_\_\_\_\_ I consent to have a day camp staff member assist with the application of sunscreen when my child is unable to do so, or if my child requests the assistance.

\_\_\_\_\_ **Insect Repellent Authorization:**

I consent to have my camper carry and use insect repellent she/he has brought to camp.

\_\_\_\_\_ I consent to have a day camp staff member assist with the application of insect repellent when my child is unable to do so, or if my child requests the assistance.

\_\_\_\_\_ **Photo Release:** I consent that any photography or video of myself and/or my child having to do with Dobbs Ferry Recreation's Teen Camp and other programs can be used for publicity, promotion or showing. I waive any compensation in regard thereto.

\_\_\_\_\_ **General Release:** The undersigned hereby releases the Village of Dobbs Ferry, its Village Board and Commission Employees and volunteers thereof any responsibilities should an accident or injury occur to the above named participant as a result of participation in the aforementioned program sponsored by the Dobbs Ferry Recreation Commission.

**Additional: There are no refunds or credits for any of our programs, unless the department cancels the program.**

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

Parent Signature \_\_\_\_\_ Date of Signature \_\_\_\_\_