

Dobbs Ferry Recreation Teen Camp

Registration Form 2018

Registration will ONLY be accepted if ALL of the following information has been completed. You must handwrite all immunization dates (see reverse side) and contact information on this form. If any information is incomplete, we cannot accept this registration in our Camp Program as per Westchester County Department of Health Regulations.

Please print clearly

Camper's Name _____ Male _____ or Female _____

Home Address _____ Tee Shirt Size _____

Home Phone _____ Birth Date _____ Grade entering in September _____

Email (so we may send you updates) _____

Parent/Guardians' Name _____

Daytime Phone _____ Cellular Phone _____

Parent/Guardians' 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):

Week 1 (7/2-7/6)	Week 2 (7/9 -7/13)	Week 3 (7/16-7/20)	Week 4 (7/23-7/27)	Week 5 (7/30-8/3)	Week 6 (8/6-8/10)	Full six weeks (7/2-8/10)

Early Registration:

Residents/Non-Residents

6 weeks ONLY (4/2-4/13)

1 & 6 weeks (4/16-5/25)

1 week: \$300/\$400

6 weeks: \$1,600/\$1,750

Regular Registration:

Residents/Non-Residents

(5/29-6/23)

1 week: \$350/\$450

6 weeks: \$1,750/\$1,900

Late Registration

Residents/Non-Residents

(6/25-8/10)

1 week: \$400/\$500

6 weeks: \$1,900/\$2,050

Any additional weeks added after camp has begun will be charged the late registration fee of \$400/\$500

Registration based on availability

\$600 Non-Refundable deposit per camper due at Registration (full payment due at the start of camp)

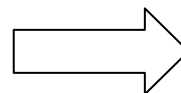
OFFICE USE ONLY:

Date: _____ Amount : \$ _____ Initials: _____

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

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

CONTINUED ON
REVERSE SIDE



NO REFUNDS

Please do not attach any records/forms. All dates must be handwritten. This form does NOT need to be filled out by a physician. Please list all of the shots/dates that your child has.

Diphtheria Toxoid-Containing Vaccine: _____ or
Tetanus, Diphtheria & Pertussis (DTap, DPT or Tdap): _____
Polio Vaccine (OPV or IPV) _____
Measles, Mumps, Rubella (MMR) _____ Pneumococcal Conjugate (PVC) _____
Haemophilus Influenza type b (Hib) _____
Hepatitis B: _____ Varicella/Varivax (Chicken Pox) _____

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:**

Asthma Inhaler: Type _____ Frequency of Use _____
Epi-Pen: Type _____ Frequency of Use _____
Medications: Type _____ Frequency of Use _____

PLEASE READ CAREFULLY

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.

Parent/Guardian Signature _____

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.

Parent/Guardian Signature _____

Permission to participate and swim: I give permission for my child to participate in free swim and swim lessons during Dobbs Ferry Recreation's Teen Camp 2018 program from July 2 –August 10, 2018.

Parent/Guardian Signature _____

Permission to Walk/Bike Home: I give permission for my child to walk/Bike home from camp from either Springhurst Elementary School or Gould Park after the camp day is completed. (Not recommended for children in grades K-4th)

Parent/Guardian Signature _____

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.

Parent/Guardian Signature _____

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.

Parent/Guardian Signature _____

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.

Parent/Guardian Signature _____

General Release: The undersigned hereby releases the Village of Dobbs Ferry, it's 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. I understand the Recreation Commission may use photos taken during the events/activities unless I notify them in writing.

Parent/Guardian Signature _____

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.

Parent/Guardian Signature _____

Additional: There are no refunds or credits for any of our programs, unless we cancel the program.

Print Name: _____ Date of Signature: _____