

# Extended Day Options

Our Extended Day program is available before and after the regular camp day.



## Before Camp

Open to Day campers only

Monday – Friday

July 2 – August 10

7:30am – 9:00am

\$50 per week / \$250 for full six weeks

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## After Camp

Open to Day campers only

Monday – Friday

July 2 – August 9\*

\*Please note: After camp will not be available in the afternoon on Friday, August 10<sup>th</sup> – the last day of camp

3:00pm – 6:00pm

Will take place at: Gould Park on nice days; Springhurst Elementary School on rainy days.

\$90 per week / \$430 full six weeks for Senior Camp

**Village of Dobbs Ferry  
Recreation Department  
Extended Day 2018  
Registration Form**

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Grade in fall: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Cell #: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Cell #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**List two other persons to contact in case of EMERGENCY:**

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_  
Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

**Before Camp Program**

\$50 per week / \$250 for full six weeks

Please check weeks:

Week 1 (July 2 – 6) \_\_\_\_\_  
Week 2 (July 9 – 13) \_\_\_\_\_  
Week 3 (July 16 – 20) \_\_\_\_\_  
Week 4 (July 23 – 27) \_\_\_\_\_  
Week5 (July 30 – Aug 3) \_\_\_\_\_  
Week 6 (Aug 6 – 9) \_\_\_\_\_  
Full 6 weeks \_\_\_\_\_

**After Camp Program**

\$90 per week / \$430 full six weeks

Please check weeks:

Week 1 (July 2 – 6) \_\_\_\_\_  
Week 2 (July 9 – 13) \_\_\_\_\_  
Week 3 (July 16 – 20) \_\_\_\_\_  
Week 4 (July 23 – 27) \_\_\_\_\_  
Week5 (July 30 – Aug 3) \_\_\_\_\_  
Week 6 (Aug 6 – 9) \_\_\_\_\_  
Full 6 weeks \_\_\_\_\_

As a participant in the above program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risks of any injuries, damages or loss which I or my child may sustain as a result of such participation. I further understand that the Village of Dobbs Ferry does not provide accidental medical coverage and it is my responsibility to provide appropriate coverage. I agree to waive and relinquish all claims and hold harmless the Village of Dobbs Ferry, Parks and Recreation Department, its officers, agents and employees from any and all claims.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NO REFUNDS**