

# TOWN OF DEWITT DAY CAMP REGISTRATION

The Town of DeWitt Summer Day Camp program offers supervised activities for children aged Kindergarten through 8<sup>th</sup> grade. It is a limited enrollment program that is sponsored by the Town of DeWitt Recreation Department and is not affiliated with the J-D or ESM School Districts. The use of school buildings or school buses during camp is not to be mistaken for school sponsorship of any kind. The Town of DeWitt Recreation Department reserves the right to take any necessary steps to provide a safe, non-disruptive environment for both campers and staff.

### For Office Use Only:

CAMP LOCATION \_\_\_\_\_ GROUP \_\_\_\_\_ CEH LOCATION \_\_\_\_\_  
 BUS COLOR \_\_\_\_\_ BUS STOP \_\_\_\_\_ PARENT \_\_\_\_\_ WALKER \_\_\_\_\_ CEH AM PM

**\*YOU MUST HAVE IMMUNIZATION RECORDS TO REGISTER FOR CAMP. NO EXCEPTIONS!\***

CAMPER'S NAME \_\_\_\_\_ GENDER \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY ZIP

CAMPER'S CURRENT GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

BIRTHDAY \_\_\_\_\_ AGE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

Any parental custody arrangements we should be aware of? \_\_\_\_\_

Does your child have permission to walk home from camp or the bus stop? YES  NO

### Emergency Contacts/Authorized Pick-Ups (NOT Parent/Guardian)

**NOTE:** Staff will not permit others to pick your child up from camp without expressed permission from you.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### CAMP EXTENDED HOURS (CEH)

7:30-9:30 AM Extended Hours \_\_\_\_\_ \$100 /\$150

3:00-5:15 PM Extended Hours \_\_\_\_\_ \$100 / \$150

**Reminder:** There is NO busing to/from home provided for Camp Extended Hours.

### 2016 4-8 GRADE ELECTIVES

Scuba Diving (1 time)	7/11, 7/18 OR 7/25	\$35
Laser Tag I or II (5 wks)	Tuesdays AM/PM	\$50
Bowling (6 wks)	Wednesdays	\$30
Tennis Lessons (6 wks)	Thursdays	\$78

# HEALTH HISTORY

CAMPERS NAME:

**Current Medication:** \_\_\_\_\_ EpiPen      \_\_\_\_\_ Inhaler      \_\_\_\_\_ Other \_\_\_\_\_

**NOTE:** You must indicate on this form if your child uses an EpiPen or Inhaler. A doctor's note is required to have medications at camp.

**Allergies/Illnesses:** List any allergies to foods, medications, or the environment, any recurring illnesses and/or any specific medical illnesses. Please notify the Recreation Office if your child is exposed to any communicable disease prior to or during camp.

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**Behavior:** Please describe any behavioral concerns you may have regarding your child that the Town of DeWitt should be made aware of.

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**PARENT'S AUTHORIZATION:** The health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician and/or hospital selected by the Recreation Department in compliance with Onondaga County Health Regulations to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for my child as named above.

**NO MEDICAL INSURANCE IS CARRIED BY THE TOWN FOR PROGRAM PARTICIPANTS.  
REGISTRANTS ARE ENCOURAGED TO HAVE THEIR OWN MEDICAL COVERAGE.**

In consideration of your accepting this registration, I, the undersigned, intending to be legally bound hereby, for myself, my heirs, executors and administrators, waive and release any and all claims for damages I may have against the Town of DeWitt, the Town of DeWitt Parks and Recreation Department, the Town of DeWitt Parks and Recreation Commission, and all sponsors, representatives, successors and assigns, for any and all injuries suffered by my child in said program.

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**

## MODEL/TALENT RELEASE

I hereby give the Town of DeWitt Recreation Department and its successors and assigns, unrestricted permission to publish in print and/or internet, reproduce, alter, distribute, and/or broadcast in perpetuity images and/or video segments taken of the minor subject identified on this form.

I understand that these images and/or video segments may be manipulated and combined with other images and/or edited into a video presentation but that the subject may be recognizable in the final version.

**Children's names will not be used.**

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**