

**Village of Mamaroneck Recreation Department
Day Camp Registration 2016**

6 Weeks Breakfast club 6 weeks Extended Day 6 weeks 3-4pm 3-5pm Pre-K -6th 7th, 8th & 9th
7th Week Breakfast club 7th week Extended Day 7th week 3-4pm 3-5pm Tee-Shirt Size _____

Child's Last Name: _____ First Name: _____

Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____ Home Number: _____

School: _____ Grade in Fall 2016 _____ DOB: _____ Age: _____ Sex: _____

Parent 1's Name: _____ Parent 2's Name: _____

Parent 1's Cell: _____ Parent 2's Cell: _____

Parent 1's Work Number _____ Parent 2's Work Number: _____

Email: _____

Emergency Contact: Other than parent (2 names required)

Name: _____ Phone: _____

Name: _____ Phone: _____

Arrangements for Dismissal

My Child _____ is to be dismissed from camp in the following manner:

A. Parent will pick up at camp site: Yes _____ No _____

B. Child is to be released to the following person(s):

Name: _____ Phone: _____

Name: _____ Phone: _____

C. Released to Sibling: _____ (sibling's name)

D. Walk Home: Yes _____ No _____

Release of Liability

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 my child may sustain as a result of participation in the program. I understand the Village of Mamaroneck 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 Mamaroneck, the Recreation Department and its officers, agents and employees from any and all claims.

Parent Signature: _____ Date: _____

No Refund Policy

Refunds will only be processed due to an illness or accident. Parents requesting a refund must notify the Village of Mamaroneck Recreation and Parks Department in writing, accompanied by a doctor's note.

Parent Signature: _____ Date: _____

Camper Medical Information

No Faxed Information Will Be Accepted

Child's Name (Print): _____

The following information is to be filled out by the parent or guardian. **It is required by state law to be filled out completely. No one** will be accepted into camp if any part is not completely filled out.

A. Medical Immunizations-Proof of Immunizations are required. Please attach and check appropriate box:

Yes, attached No, my child has not received immunizations

B. Allergies or Special Medical Problems:

C. Required Medication

Note: If your child is required to take any type of medication during camp hours, MEDICAL AUTHORIZATION and Medication form must be provided by your Physician and filed with the camp director.

Parent Signature: _____ Date: _____

Hospital Release

Please be advised and aware that there are inherent risks involved both directly and/or indirectly related to the day camp program and its physical sports, trips and other activities. In case of injury or illness to my child, I authorize a camp representative to transfer my child to a hospital or other emergency medical facility for treatment. The safety of the campers is the priority of the day camp staff. Every attempt to contact a parent or guardian will be made. I accept responsibility for all costs involved in the transport and treatment of my child.

In the event of injury, I _____ (parent/Guardian Name) grant permission to take my child _____ (Print Child's Name) to the hospital for treatment; to include evaluation of injuries, x-rays and needed care.

Doctors Name: _____ Address: _____

Phone #: _____ Health Insurance Carrier: _____ Id Number: _____

I have read, understand, and agree with the terms of this release.

Parent Signature: _____ Date: _____

Trips, Swimming and Photo Release

I, as parent of _____, hereby consent to the following;

1. That the Village of Mamaroneck Recreation and Parks Department may videotape/photograph my child and use such videotapes/photographs for publication/broadcast/website. I waive any claim I might have against the Village of Mamaroneck arising from the use of such videotapes/photographs. I understand that such information could subsequently be used by other media.
2. To participate in free swim periods during the summer day camp at designated camp swimming activities. I am aware of the dangers and risks involved in participating in swimming. I understand that the day camp staff including lifeguards will be on duty at the beach/pool site.
3. Permission to participate in all camp day trips. The child will leave from and return to the camp site. I understand that if my child is not going on the trip that my child should not come to camp that day.
These will include 5th and 6th graders to take supervised walking trips into the village for lunch and 7th 8th and 9th graders supervised walking trips.

I have read, understand, and agree with the terms of this consent.

Parent Signature: _____ Date: _____