

Town of Milton

Summer Camp Recreation Program

July 6, 2009 – August 6, 2009

Happy spring parents and campers! The 2009 summer camp season will be here soon and your camp staff and committee have been working hard all winter to make this camp season the best ever! Just a few things to keep in mind while you are completing the registration form:

- Registrations are being accepted now up until July 10th. Forms are available at the Town Hall or from the Town's website at www.townofmiltonny.org.
- Completed forms should be dropped off at Town Hall or mailed to Town of Milton Summer Recreation Program, 503 Geysers Road, Ballston Spa, New York 12020.
- A copy of your child's immunization records from your child's doctor **must** be included with the registration form. This is a state mandate so we cannot be flexible.
- One permission slip (on the reverse side of the registration form) will cover ALL field trips, rather than a separate one for each trip. A field trip sign up sheet will be out on Monday, Tuesday, and Wednesday at camp sign in/out for parents to sign their children up for the next week's field trip. If the camper's name is not on the list by the end of camp on Wednesday he/she will not be allowed to go on the trip.
- \$10.00 per person for the Great Escape trip must be enclosed with the registration form.
- **THE REGISTRATION FORM MUST BE FILLED OUT COMPLETELY. ANY FORMS THAT DO NOT HAVE ALL OF THE REQUIRED INFORMATION WILL BE SENT BACK TO YOU IN THE MAIL TO BE COMPLETED.**
- All chaperones will need to submit a chaperone application and will be approved by the Supervisor's office prior to the start of camp.

We hope that these procedures will help make the registration process easier for everyone ☺. We look forward to seeing you soon!

The Town of Milton Summer Recreation Program Staff

Town of Milton Summer Recreation Program

2009 Registration Form

One form per child; please print neatly. The entire form must be completed in order for your child to attend camp.

Camper's Last Name _____ First Name _____ MI ____ Nickname _____

D.O.B. ___/___/_____ Sex: Male __ Female___ Age ___ School _____ Grade in Fall _____

Parent/Guardian Name _____ Home Phone: _____

Address: _____ Work Phone: _____

Are you able to chaperone Field Trips? Yes __ No__ Cell Phone: _____

Does your child have permission to walk or ride their bike to & from camp? Yes ___ No___

Does your child have and siblings at camp? _____ Name(s)/Grades(s) _____

Please list all the other individuals, their relationship to the camper and phone # during camp hours to whom you give permission to pick your child up from camp:

Health History:

*The following section **MUST** be completed & a copy of **IMMUNIZATION RECORDS MUST BE ATTACHED** or your child will not be allowed to attend camp- no exceptions!*

	√	<u>Allergies</u>	√	<u>Current Conditions</u>	√
		Hay Fever		Ear Problems	
		Asthma		Heart Disease	
		Medications		Convulsions	
		Insect Bites		Diabetes	
		Ivy, Oak, etc		Behavior Problems	
		Food		Fainting	
		Other		Other	

Insurance ID or contact name for minor: _____

Family Physician: _____ Phone: _____

Emergency Medical Authorization

This is intended to ensure that your child will be able to receive proper medical care should they require it, even if you are not available at the time of need. In an emergency, of course, we will first attempt to reach a parent or guardian. In the event we are unable to reach you, we will attempt next to reach the persons below:

The information provided in this form is current and correct, and I/We, being the parent(s) or legal guardian(s) of the said minor do hereby appoint the following emergency contact if I cannot be reached:

Name _____ Phone _____

Name _____ Phone _____

I give my permission to the Town of Milton appointed and medically authorized Health Director to act in my /our behalf in authorizing emergency medical care for the said camper during periods of my/our absence.

Parent/Guardian _____ Witness _____ Date: _____

Parent/Guardian _____ Witness _____ Date: _____

SEE OTHER SIDE

FIELD TRIP PERMISSION FORM

I give permission for _____ to attend the Town of Milton's scheduled field trips. Please see calendar for dates and locations.

I absolve the Town of Milton and any of its employees and volunteers of any liability in the event of an accident or emergency occurring while my child is participating in the Town of Milton Summer Recreation Program sponsored programs and any area that may be encompassed thereof. Any and all accidents must be reported to the Director within 24 hours.

Parent/Guardian Signature _____ Date _____

Yes, my child needs a camp t-shirt _____

Child Sm ___ **Child Med** ___ **Child Lg** ___ **Adult Sm** ___ **Adult Med** ___ **Adult** ___

Shirts will be available the first week of camp for a cost of \$5.00