*Office of Parks & Recreation Department*

# VILLAGE OF WAPPINGERS FALLS

**2628 South Ave.**
**Wappingers Falls, NY 12590**
**(845) 297-8773 x 7**

## SUMMER CAMP REGISTRATION

**CHILD'S NAME** _____ **BIRTH DATE**_____
**ADDRESS** _____

_____

**PARENT'S NAME** _____
**HOME PHONE** _____ **CELL** _____ **WORK** _____
**EMERGENCY CONTACT**_____**RELATIONSHIP**_____
**HOME PHONE** _____ **CELL** _____
**ALT. CONTACT** _____ **RELATIONSHIP**_____
**HOME PHONE** _____ **CELL** _____

**MEDICAL HISTORY: PHYSICIAN**_____**#**_____
**ALLERGIES** _____ **MEDICATIONS** _____
**IMMUNIZATIONS UP TO DATE** _____ **OTHER** _____
_____

**DOES YOUR CHILD HAVE PERMISSION TO LEAVE WITH SOMEONE OTHER THAN PARENT?** _____ **WHO** _____
**DOES YOUR CHILD HAVE PERMISSION TO LEAVE FOR LUNCH?** _____
**DOES YOUR CHILD HAVE PERMISSION TO WALK OR BIKE HOME?**_____

**OTHER INFORMATION**

_____
_____

**Part 1.**

1. You give your child, identified in the top of this form, permission to participate at the Village of Wappingers Falls Summer Camp program listed above.

2. You, on behalf of yourself, your child, your assigns, executors, and heirs, agree to release, indemnify,
and hold harmless the Village of Wappingers Falls, and its officials, officers, agents and employees from any and all liability, damage, injuries and/or claim of any nature arising out of or in any way related to your child's participation at this skate park including those things caused by the sole negligence of the Village of Wappingers Falls.

3. You state that you are aware of all the inherent dangers and risks involved in participation including but not limited to: bodily injury, sprains, fractures, dislocations, lacerations, concussions,skin disease, eye, head, neck or back injuries, paralysis, or death. Some specific risks include, but are not limited to:

a. Being hit or struck by sports equipment
b. Being hit, struck, physically challenged or colliding with other participants

4. You understand that the Village of Wappingers Falls does not provide any Accident or Medical Insurance and you are required to provide this for your child. You agree that you are financially responsible for all medical expenses whatsoever.

5. You understand that the terms of this agreement are legally binding and certify that you are signing this agreement of your own free will after carefully reading it.

**Part 2. Medical Authorization**

In the event of serious illness or injury, I authorize the facility staff and/or the Village of Wappingers Falls Police Department to transport (as deemed necessary) my child to a hospital emergency facility for treatment. All reasonable attempts to contact a parent or guardian will be made. I accept responsibility for all costs involved in the transport and treatment of my child.

My hospital insurance carrier is: _____

_____

_____

_____ .

**Part 3: Severability**

If any sentence, clause or phrase of this Agreement should be held to be invalid, unenforceable or unconstitutional by a court of competent jurisdiction, such invalidity, unenforceability or unconstitutionality shall not affect the validity, enforceability or constitutionality of any other section, sentence, clause or phrase or work of this Agreement.

In witness whereof, this instrument is duly executed: _____
Date

X_____ X_____

Parent or Guardian Witness

**THIS FORM MUST BE TURNED IN TO THE PARKS & RECREATION DEPARTMENT BEFORE YOUR CHILD MAY PARTICIPATE.**

## Part 4. Facility Rules and Regulations

1. **Camp will run for six weeks from June 24th to August 2nd . Your child may arrive by 9am and must be picked up promptly by 3pm. Hours are subject to change on trip days. A fee of $35.00 per child/week will be charged. Trip fees are additional.**
2. **Your child must be dressed appropriately for summer weather and must wear sneakers or shoes at all times. ( NO FLIP FLOPS)**
3. **Please be sure your child uses sun block and bug repellant.**
4. **Along with a weekly calendar, signs will be posted outside the clubhouse in reference to field trips and special events. Please make sure that you take time to read them at the end of each day so that your child does not miss out on anything.**
5. **An indoor facility may be used in the event of inclement weather. Notices will be placed at the clubhouse to let you know where to drop off your child.**
6. **Profanity or derogatory remarks will not be tolerated from any parent or child. Violation of this rule will result in suspension or expulsion from camp at the discretion of the Camp Director. No refunds of tuition will be issued.**
7. **Bullying and physical fights will result in expulsion from camp. No refunds of tuition will be issued.**
8. **Your child may be dropped off at any time during the scheduled hours, but you must pick your child up promptly at 3:00pm.**
9. **The camp concession stand will be open on a daily basis to sell refreshments and snacks.**
10. **Sprinklers may be used in the afternoon on hot days. Your child will need a towel and appropriate clothes and footwear on these days. Please label all items.**
11. **The camp cannot assume responsibility for any bikes, gloves, food, money, etc. Please secure all items.**
12. **AT NO TIME are weapons allowed on the premises.**
13. **The Methodist Church will be providing a hot lunch for the children on a daily basis. You may send a lunch if you child does not wish to accept the lunch provided, however, as we do not have sufficient refrigeration space, please make sure you use ice packs. Your child's name must be on the lunch bag.**
14. **Children that have to use medications must present their medication to the Camp Director at the beginning of each day. They must also be able to administer their own medication. If not, a parent or guardian must come to the camp to administer the medication.**

**If you have any questions or problems, feel free to speak to the Camp Director or call Denise Calabrese, Trustee 797-0195**