

# Town of Chatham Summer Program Registration 2019

**FOR STAFF USE ONLY: Filled out with staff at registration to avoid overflow of participation in each program/ program timing conflict**

**Morning/Afternoon Program fees for six weeks (no discount for partial attendance):**

**Prices are determined by where you reside / pay your municipal taxes**

\$ \_\_\_\_\_

\_\_\_\_\_ \$125 for Tow of Chatham residents

\_\_\_\_\_ \$250 for out of town residents (including Village of Chatham, but Town of Ghent)

**Please Circle:**

**Days Attending:**            M, T, W, TH, F

\$ \_\_\_\_\_

\_\_\_\_\_ **Children's Garden Program** (\$50.00)

\_\_\_\_\_ M/W/F for youth 9 to 12 at 10 AM or 11 AM

\_\_\_\_\_ Tu/Th for youth 5 to 8 at 10 AM or 11 AM

\$Tentative

Tentative **Art in Nature Fee:** \$50 (Five classes- 1 hour each)

\_\_\_\_\_ Tuesdays at 10 AM for youth 6 to 12 yrs.

\$ \_\_\_\_\_

\_\_\_\_\_ (Must be 7yrs Old.) **High Tech Citizen Science** \$20 (5 1-hour classes) Program by 4-H

\_\_\_\_\_ (August 5<sup>th</sup> – August 9<sup>th</sup> - 11am-12pm) – Limited to 12 participants

\$Pay CCT

\_\_\_\_\_ **Tennis Lessons**-Four weeks M/W/F Fee : \$30 Payable to the Columbia County Treasurer-  
Please fill out separate tennis registration form.

\_\_\_\_\_ Beginner 9 AM    \_\_\_\_\_ Intermediate 10 AM    \_\_\_\_\_ Beginner 11 AM

ARC Swim Lessons – Two 3-week sessions are offered: LEVEL DETERMINED WITH WATERFRONT DIRECTOR AT REGISTRATION

\_\_\_\_\_ Swim Lessons Session 1 (July 8 – 26) **\$50 (Town of Chatham) OR \$75 (Out of Town)**

\_\_\_\_\_ 10 AM Level: \_\_\_\_\_ or \_\_\_\_\_ 11 AM Level: \_\_\_\_\_ No Preference: \_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_ Swim Lessons Session 2 (July 29 – Aug 16) **\$50 (Town of Chatham) OR \$75 (Out of Town)**

\_\_\_\_\_ 10 AM Level: \_\_\_\_\_ or \_\_\_\_\_ 11 AM Level: \_\_\_\_\_ No Preference: \_\_\_\_\_

\$ \_\_\_\_\_

TOC TOTAL

**TOTAL PAID**    \$ \_\_\_\_\_    **CHECK#** \_\_\_\_\_    **CASH** \$ \_\_\_\_\_

\$ \_\_\_\_\_

CARP Assistance \$ \_\_\_\_\_

**CHILD's NAME:** \_\_\_\_\_ **DOB** \_\_\_\_\_ **AGE** \_\_\_\_\_ **Swim Level** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **DOB** \_\_\_\_\_ **AGE** \_\_\_\_\_ **Swim Level** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **DOB** \_\_\_\_\_ **AGE** \_\_\_\_\_ **Swim Level** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **DOB** \_\_\_\_\_ **AGE** \_\_\_\_\_ **Swim Level** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY/ST/ZIP** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **WORK/CELL:** \_\_\_\_\_

**PARENT/GUARDIAN NAMES:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**EMERGENCY#'s: (please indicate who is at each phone #)** \_\_\_\_\_

**MUNICIPALITY YOU RESIDE IN:** (circle one) (this is where your taxes are paid. Proof required)

Town of Chatham

Town of Ghent    Town of Austerlitz    Town of Canaan    Town of Kinderhook    Other\_\_\_\_\_

**HEALTH FORM (Please fill out completely)**

PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_ HOSPITAL \_\_\_\_\_

HEALTH INSURANCE COMPANY: \_\_\_\_\_ POLICY #: \_\_\_\_\_

**ANY HEALTH PROBLEMS OR PHYSICAL RESTRICTIONS WE SHOULD BE AWARE OF?** (please indicate each child specifically): \_\_\_\_\_

\_\_\_Diabetes \_\_\_Asthma \_\_\_Bleeding disorder \_\_\_Heart disease \_\_\_Seizures \_\_\_Other \_\_\_\_\_

\_\_\_Diet restrictions

**Does your child require medication during camp hours?** YES or NO

**ANY ALLERGIES?** please indicate each child specifically: \_\_\_\_\_

\_\_\_Animals \_\_\_Hay Fever \_\_\_Pollen \_\_\_Medication \_\_\_Food (what type?) \_\_\_Insects (what type?) \_\_\_Plants

\_\_\_Peanut Butter \_\_\_Other Nuts \_\_\_Latex

**Is an Inhaler\* or EpiPen required to be with your child at Camp?** Yes or No

\*NOTE: Required medication (ie: epiPen, inhaler) must be self-administered but under the supervision of Qualified Staff.

**IMMUNIZATIONS: (include copy of or dates must be provided at time of registration)**

Measles \_\_\_\_\_ Diphtheria \_\_\_\_\_

Mumps \_\_\_\_\_ Poliomyelitis \_\_\_\_\_

Rubella \_\_\_\_\_ Tetanus \_\_\_\_\_

Hepatitis B \_\_\_\_\_

Chicken Pox \_\_\_\_\_

\*If your child is NOT immunized, please provide us with a letter stating why (ie: religious exemption, etc.).

**Any other conditions or concerns we should be aware of** (ie: behavioral challenges, ADD/ADHD, anxiety, physical limitations):

**RELEASE OF LIABILITY AND TREATMENT WAIVER**

I hereby acknowledge the risks involved with the above listed sports and programs. I agree and understand that swimming is a potentially hazardous activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to, paralyzing injuries and death. I understand there is a chance of my child encountering the following hazards including but not limited to bees and ticks. I understand there are physical risks associated with summer camp activities. I realize no environment is risk free and so have instructed my child on the importance of abiding by all camp rules. I agree to allow the participant to participate in the above listed programs as marked and hereby agree to indemnify and hold harmless the Town of Chatham., its coaches, officers, directors, and employees against any liability resulting from an injury that may occur to the above listed participant while participating in the programs as listed above. I authorize the Town of Chatham and its staff, in the absence of parent/guardian, to obtain and provide emergency medical care as deemed necessary by them to provide for the individual safety and well being of my child. In addition, I understand that individual health and accident insurance is my responsibility. I have noted on this form any medical/health problems of which the Town of Chatham staff should be made aware of.

**Adult Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PHOTO WAIVER**

**Photo/Video/Newspaper Release:**

I hereby give permission for my child(ren)'s image and name to be used in press releases associated with the Town of Chatham Crellin Park Recreation Program. It is agreed that this permission may be cancelled at any time with written notice.

Parent/Guardian Signature: \_\_\_\_\_ Child's Name(s) \_\_\_\_\_

**Town Website Release:**

I hereby give permission for my child(ren)'s image and name to be used on the Town of Chatham/Crellin Park website for news and events associated with the Town of Chatham Crellin Park Recreation Program. It is agreed that this permission may be cancelled at any time with written notice.

Parent/Guardian Signature: \_\_\_\_\_ Child's Name(s) \_\_\_\_\_

**FIELD TRIP PERMISSION**

**Field Trips to PS 21 Permission slip (for youth enrolled in the afternoon enrichment program):**

I hereby give permission for my child(ren) to walk to PS21 with Crellin Park Staff to attend a variety of performances and/or programs at their outdoor theater during the six week summer recreation program. The Children will follow the safe path that has been created between the two properties.

Parent/Guardian Signature: \_\_\_\_\_ Child's Name(s) \_\_\_\_\_

**Authorization to discharge children from Town of Chatham Programs  
(Only for children enrolled in the morning/afternoon enrichment program)**

Child's Name(s) \_\_\_\_\_

The following adults are authorized to pick up my child(ren) from Crellin Park:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ date \_\_\_\_\_

