

Town of Chatham Summer Program Registration 2017

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):
 _____ \$85/75 for Town and Village of Chatham residents
 _____ \$175/165 for out of town residents
 _____ Morning Drop off at 9 AM Days attending: M/Tu/W/Th/F (please circle all days attending)
 _____ Afternoon drop off 12 PM Days attending: M/Tu/W/Th/F (please circle all days attending)
Age Groups: 4 to 5 yrs 6 to 7 yrs 8 to 9 yrs 10 to 12 yrs

_____ **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

\$ _____ **Art in Nature Fee:** \$60 (Five classes- 1 hour each)
 _____ Tuesdays at 10 AM for youth 6 to 12 yrs.

_____ **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

\$ _____ **ARC Swim Lessons** – Two 3-week sessions are offered: LEVEL DETERMINED WITH WATERFRONT DIRECTOR AT REGISTRATION
 _____ Swim Lessons Session 1 (July 5 – 21) \$40 for first child/\$35 for each additional sibling
 _____ 10 AM Level: _____ or _____ 11 AM Level: _____ No Preference: _____
 _____ Swim Lessons Session 2 (July 24 – Aug 11) \$40 for first child/\$35 for each additional sibling
 _____ 10 AM Level: _____ or _____ 11 AM Level: _____ No Preference: _____

TOC TOTAL
 \$ _____

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

CHILD's NAME: _____ **DOB** _____ **AGE** _____ **Swim Level** _____

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)
Village of Chatham (Town of Chatham) Village of Chatham (Town of Ghent) 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** _____

