



FISHKILL RECREATION

793 Route 52, Fishkill, NY 12524 ~ tel. 845.831.3371 ~ fax 845.831.3169 ~ www.fishkillrecreation.com

SUMMER & CAMP REGISTRATION FORM 2012

Please complete all applicable sections

| | | | |
|--------------------------|--------------------------|------------------------|--|
| Participant's Last Name | Participant's First Name | D.O.B. / / | Sex <input type="checkbox"/> M <input type="checkbox"/> F |
| Mailing Address | | | Age |
| City | | Zip Code | |
| School Attending in Fall | | Grade Entering in Fall | |

| | | |
|--|---------------|---------------|
| Mother/Guardian 1 | | |
| Cell Phone | Daytime Phone | Email |
| Father/Guardian 2 | | |
| Cell Phone | Daytime Phone | Email |
| Emergency Contact (<i>other than parent</i>) | | Daytime Phone |

List of **Any and All Persons** (*more than 3 are allowed*) who will be picking up child from the program: **PARENTS MUST BE LISTED.**

| | |
|----|-------|
| 1) | Phone |
| 2) | Phone |
| 3) | Phone |

| | |
|--|---|
| Does your child have a disability, which would require special attention or would limit participation in camp activities? If YES , please explain. | |
| Does your child require emergency treatment for any of the following: <input type="checkbox"/> Epilepsy <input type="checkbox"/> Diabetes <input type="checkbox"/> Nose Bleeds <input type="checkbox"/> Asthma <input type="checkbox"/> Bee Stings <input type="checkbox"/> Other _____ | |
| Any Allergies? If YES , please explain. | Does your child currently taking any medication(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , complete Medical Form |

| | | | | | | |
|---|---------------------------------------|--------------------------------------|--------------------------------------|---------------------------------------|--------------------------------------|-----------------------------------|
| T-Shirt Size (please check one ~ \$15 for Teen Travelers Only) | | | | | | |
| <input type="checkbox"/> Child Small | <input type="checkbox"/> Child Medium | <input type="checkbox"/> Child Large | <input type="checkbox"/> Adult Small | <input type="checkbox"/> Adult Medium | <input type="checkbox"/> Adult Large | <input type="checkbox"/> Adult XL |

I hereby grant permission for my child to be transported and treated in the event of a medical emergency if I cannot be reached.

| | |
|---------------------------|------|
| Parent/Guardian Signature | Date |
|---------------------------|------|

As the parent/legal guardian of the participant in the program(s) listed, I recognize and acknowledge that there are certain risks of physical injury. I agree to assume the full risks of any injuries, damages, or losses that are sustained as a result of such participation. I further acknowledge and understand that the Town of Fishkill 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 Town of Fishkill, the Recreation Department, and any officers, agents, and employees of the Town of Fishkill from any and all claims.

| | |
|---------------------------|------|
| Parent/Guardian Signature | Date |
|---------------------------|------|



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SUMMER & CAMP PROGRAMS 2012

| | | | | Fishkill Day Camp | Senior Camp | Pre-Camp (Day Camp) | Extended Day |
|------------------------|---------|------|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Week 1 | June 25 | thru | July 29 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Week 2 | July 2 | thru | July 6 (no July 4th) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Week 3 | July 9 | thru | July 13 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Week 4 | July 16 | thru | July 20 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Week 5 | July 23 | thru | July 27 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Week 6 | July 30 | thru | Aug 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Week 7 | Aug 6 | thru | Aug 10 | <input type="checkbox"/> | <input type="checkbox"/> | N/A | N/A |
| All Seven Weeks | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |

| | Weekly Price (late fee = \$25) | All Weeks (late fee = \$25) | All Weeks for Families of 3 Children or More | Pre-Camp | Extended Day |
|-------------------------------|--------------------------------|-----------------------------|--|----------|--------------|
| Residents of Fishkill | \$145 | \$775 | \$1900 | \$20 | \$45 |
| Non-Fishkill Residents | \$165 | \$900 | \$2200 | \$20 | \$45 |

| | | | |
|---|--|--|--|
| Teen Travelers \$460 per session (late fee = \$25) <input type="checkbox"/> Session 1: July 9 - 20, 2012 <input type="checkbox"/> Session 2: August 13 - 24, 2012 | | | |
| Basketball dates and prices vary, see flyer <input type="checkbox"/> Basketball Camp <input type="checkbox"/> Basketball League | | | |
| For Basketball Participants ONLY Height: _____ Weight: _____ | | | |
| Soccer \$75 per season (late fee = \$10) <input type="checkbox"/> Spring: April 16 - June 9 <input type="checkbox"/> Summer: July 2 - August 25 | | | |
| Tennis \$50 per session Monday-Thursday (late fee = \$10) | Session 1: June 25 - July 5 <input type="checkbox"/> K - 2 nd Grade <input type="checkbox"/> 3 rd and Up | Session 2: July 9 - July 19 <input type="checkbox"/> K - 2 nd Grade <input type="checkbox"/> 3 rd and Up | Session 3: July 23 - August 2 <input type="checkbox"/> K - 2 nd Grade <input type="checkbox"/> 3 rd and Up |
| Art Camp \$50 per session (late fee = \$10) | <input type="checkbox"/> Sculpture Clay July 16 - July 20 | <input type="checkbox"/> 3D Art July 23 - July 27 | <input type="checkbox"/> Macrame July 30 - August 3 |

I acknowledge and consent that any photographs and/or video taken during our programs and containing the participant may be used for promotional use by the Town of Fishkill Recreation Department.

| | |
|---------------------------|------|
| Parent/Guardian Signature | Date |
|---------------------------|------|

For Recreation Department Use Only:

| | | |
|--|---------------------|--------------------------|
| Confirmation Letter Processed: | Computer Processed: | Total Amount Due: |
| Payment <input type="checkbox"/> Cash <input type="checkbox"/> Check & No. | Receipt Number | |