



## **2021 Packet of Forms for Summer Camp**

### **Includes:**

1. 2021 TOC Recreation Department Camp Fact Sheet (1).
2. TOC Summer Camp Registration with dates of camp to choose/emergency contacts (2)
3. Registration form/Event Release: Minor (1)
4. Waiver and Release Form/ Photo Release form (2)
5. Waiver/Release Form for Covid-19 (2)

### **Please return to the Town of Clinton:**

- Forms 2 – 5
- Proof of residency
- Current physical
- Up-to-date Immunization form
- Fees

### **Return to:**

Stefani Timpano, Supervisor's Secretary  
Town of Clinton  
1215 Centre Road  
Rhinebeck, NY 12572

845-266-5721 ext. 130  
supervisorsec@townofclinton.com

## **2021 Town of Clinton Recreation Department Camp Fact Sheet**

- Camp runs Monday through Friday 9am – 4pm.
- Regular Rec Camp is open to all children who will be entering grades K-5 for the 2021/2022 school year. There will be no exceptions.
- Sign up will be first come first served. A waiting list will be started if camps are filled.
- Camp is \$100 per week for town residents and includes swimming lessons daily. The cost is \$185 per week for non-residents.
- Registrations can be dropped off at the Supervisor's office during normal business hours or mailed to Town of Clinton 1215 Centre Road, Rhinebeck NY 12572

**\*\*\*\*ALL REGISTRATIONS ARE DUE BY JUNE 24 FOR JULY CAMPS AND JULY 22 FOR AUGUST CAMPS \*\*\*\***

***Late Registrations will be accepted for an additional fee of \$25.00 with approval of the camp director***

- Proof of Residency is required to register for camp at the town resident price.
- If campers are not picked up on time a fee of \$5.00 for every fifteen minutes will be charged.
- Campers must bring snacks and lunch as well as drinks for the day. There is NO potable water at the park. There is one structured snack time and time for lunch. Please pack more food than you think they will need. They get hungry and thirsty as we are active all day.
- Sunscreen will be provided.
- It is suggested that campers bring dry clothes to change into in case they are uncomfortable. Please label all bags etc. with camper's name.
- In case of inclement weather, you will be notified that camp may be cancelled; a notification will be sent.
- We are allowed to stay if there is a passing thunderstorm!
- If your child is being picked up by someone other than their parent/guardian please send them with a note.
- Please be aware that there is a cap of 9 children per session.

**Town of Clinton Recreation Department**

**2021 Summer Camp Registration  
At Fran Mark Park**

Week 1                      July 5 -- 9     \_\_\_\_\_  
Week 2                      July 12-16    \_\_\_\_\_  
Week 3                      Aug 2 – 6     \_\_\_\_\_  
Week 4                      Aug. 9 – 13   \_\_\_\_\_

Child's Name \_\_\_\_\_ Child's Age \_\_\_\_\_

Child's Grade for 2021 – 2022 school year \_\_\_\_\_

**ONLY CHILDREN ENTERING K-5 FOR THE 2021/2022 SCHOOL YEAR CAN  
ATTEND CAMP - NO EXCEPTIONS**

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Parent(s) E-Mail(s) \_\_\_\_\_

Tuition is \$100.00 per week for Town of Clinton residents. Tuition for non-residents is \$185.00 per week. Please enclose payment with your registration. Places cannot be held without payment. Proof of residency is required to register if you are claiming the Resident tuition rate. Thank you!

Date Rec'vd \_\_\_\_\_

Payment Rec'vd \_\_\_\_\_

**IMMUNIZATION RECORD AND A CURRENT PHYSICAL NEEDS TO BE  
ATTACHED TO EACH CAMPER'S REGISTRATION FORM**

**EMERGENCY CONTACTS:** It is necessary that we have TWO persons to call that are available during the 9-4pm camp time period.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If your child has any special needs or special requirements please list here:

\_\_\_\_\_

If there is an existing Order of Protection, Custody Order or other Court Order pertaining to the custody of your child please indicate below and submit a copy of such Order with this application:

\_\_\_\_\_

Please list siblings/grades also in camp:

\_\_\_\_\_

#### MEDICAL QUESTIONS

1. Does your child have a vision, hearing, or other physical disability which requires special attention or would limit participation in camp activities? \_\_\_ Yes \_\_\_ No If yes, explain

\_\_\_\_\_  
\_\_\_\_\_

2. Does your child require emergency treatment for epilepsy, diabetes, nose bleeds, bee stings, etc. \_\_\_ Yes \_\_\_ No If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

3. Does your child have allergies \_\_\_ Yes \_\_\_ No If yes, explain: \_\_\_\_\_

\_\_\_\_\_

In the space below, please list any additional information you wish we should be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Consent for camp staff to apply sunscreen as needed \_\_\_\_\_

Parent or Legal Guardian  
signature/date

**Town of Clinton**  
**1215 Centre Road**  
**Rhinebeck, NY 12572**

**Summer Recreation Program**  
**REGISTRATION FORM/EVENT RELEASE: MINOR**  
**DATE SUBMITTED: \_\_\_\_\_**

**Proof of residency and proof of age are required at the time of registration.**  
**All participants must be grades K-5 for the 2021/2022 school year**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Child's School \_\_\_\_\_ Grade in Fall 2021 \_\_\_\_\_

Parent's Name \_\_\_\_\_ Cell Phone# \_\_\_\_\_ Daytime Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

\_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone# \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Family Doctor \_\_\_\_\_ Doctor Phone# \_\_\_\_\_

Primary Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

1) I/We, the parents or Legal Guardians of the above named child, hereby give my/our permission for his/her participation in the Town of Clinton Summer Recreation Program (hereinafter referred to as the "Program").

2) I/We acknowledge that there are inherent risks and opportunity for a child to be injured in normal activities of this program and assume all risks and hazards incidental to the conduct of the activities of this program.

3) I/We do further hereby agree to hold harmless the Town of Clinton, all of the elected and appointed officers, employees, counselors, volunteers and agents of the Town for any injury my/our child may suffer during this program.

4) I/We also agree to hold harmless any person transporting my/our child to and or from the activities of the program.

5) I/We, release from any responsibility, the Town of Clinton, all of the elected and appointed officers, employees, counselors, volunteers and agents of the Town for the loss of any personal property including media/electronic devices, iPods, cell phones, games and toys.

6) I/We, authorize the Director of the Program to contact my/our family doctor as listed above in the event that I/We or the alternate are not available. Further, I/We, authorize the Director of the Program to transport my/our child to the doctor's office or nearest hospital, if necessary. I hereby accept responsibility for the payment of any emergency transportation or treatment on behalf of the participant.

7) I/We, do not know of any physical disability or impairment that would prevent my/our child from participating in any activities of this program. Please list all known physical or mental conditions, allergies or any medications currently being used by your child: \_\_\_\_\_

8) I/We, further agree that I/We will instruct our child to behave accordingly and listen to those adults or supervisors in charge, and obey all rules and regulations of the program as instructed, or my/our child upon notification may be asked to leave the program.

Please provide dates that you expect to miss camp during the week/weeks registered for: \_\_\_\_\_

Parent's/Legal Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

I will behave accordingly and listen to those adults in charge, and obey all rules and regulations stated.

Child's Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Waiver and Release Form for Summer Camp Program

### **Liability Release and Parental or Legal Guardian Consent Form**

In consideration of the acceptance of my child's application for the Town of Clinton's Summer Recreation Program, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to my child as a result of their participation in said Summer Recreation Program. This release is intended to discharge in advance the Town of Clinton, its officials, officers, employees, volunteers, and agents from liability, even though that liability may arise out of actual or perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs, successors and assignees as well as my child's heirs, successors and assignees.

### **Consent of the Parent or Legal Guardian**

I give consent for my child, \_\_\_\_\_ to participate in the above Summer Recreation Program, and I execute the above liability release on my child's behalf.

### **Consent for Treatment**

I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that the Town of Clinton will provide no medical insurance for such treatment, and that the cost thereof will be at my expense. It is further understood that the Town of Clinton shall have no liability with regard to injuries sustained by the child as a result of such treatment.

**I have read and understood the foregoing registration liability release and parental consent form, and agree to all of its terms and conditions.**

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Photo Release Form for Minor Children**

I, \_\_\_\_\_ hereby authorize the Town of Clinton to publish the photographs taken of me and/or the minor children listed below, and our names, for use on the Town of Clinton website and/or Town of Clinton Summer Recreation Program (hereinafter the "recreation program") website and for display in the town/ recreation facility. I release the Town of Clinton and the recreation program from any expectation of confidentiality for the minor children and myself and attest that I am the parent or legal guardian of the child or children listed below and that I have the authority to authorize the Town of Clinton and the recreation program to use their photographs and names. I acknowledge that since participation in publications and websites produced by the Town of Clinton or the recreation program is voluntary, neither the minor children nor I will receive financial compensation. I further agree that participation in any publication and website produced by the Town of Clinton or the recreation program confers no rights of ownership whatsoever. I release, the Town of Clinton its officials, agents, volunteers, contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the minor child or children listed below.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Names and Ages of Minor Children:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

## WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

### ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of my child, \_\_\_\_\_, being allowed to participate in the Town of Clinton Summer Recreation Program (the "Program") and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. My child's participation in the Program includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. On behalf of my child, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE TOWN OF CLINTON, ITS OFFICIALS, OFFICERS, EMPLOYEES, VOLUNTEERS, AGENTS, OTHER PARTICIPANTS in the Program (the "RELEASEES") or others, and assume full responsibility for my child's participation; and,
3. I, for myself and my child willingly agree to comply with the stated and customary terms and conditions for participation as regards to protection against infectious diseases. I specifically agree that my child will comply with New York State or Federal rules, regulations or laws pertaining to social distancing and face coverings (masks). I agree to instruct my child that if they observe any unusual or significant hazards during their presence or participation, to bring such hazard to the attention of the nearest Program official immediately and refrain from further participation; and,
4. I, for myself and my child, understand that I have a duty to immediately report any exposure my child has to infectious diseases including, but not limited to MRSA, influenza, and COVID-19 to the designated Program director. I further agree that I will monitor my child on a daily basis for symptoms of infectious diseases, specifically I will monitor my child for a fever, chills, shortness of breath, fatigue, muscle or body aches, headaches, loss of taste or smell, sore throat, congestion, runny nose, nausea, vomiting or diarrhea. I agree that I will not send my child to the Program if he or she experience any of these symptoms and agree to immediately report my child's illness to the designated Program director.
5. I, for myself and my child, and on behalf of my heirs, assigns, personal representatives and next of kin, and my child's heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the RELEASEES, WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.



**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Parent/ legal guardian signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/legal guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child understands and accepts these risks and responsibilities. I for myself, my spouse, and child do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/legal guardian: \_\_\_\_\_

Parent/legal guardian signature: \_\_\_\_\_

Date signed: \_\_\_\_\_