

Town of Clinton
1215 Centre Road
Rhinebeck, NY 12572

Phone (845) 266-5721
Fax (845) 266-5932
www.townofclinton.com

2024 Packet of forms for Summer Camp

Includes:

1. Summer Camp Fact Sheet (*please keep this for your reference*)
2. Form #1: TOC Summer Camp Registration (with dates of camp to choose)
3. Form #2: Emergency contact information
4. Form #3: Registration form/Event Release: minor
5. Form #4: Waiver and Release Form
6. Form #5: Photo Release form
7. Form #6: Insect Repellent / Sunblock Policy form

Please return to the Town of Clinton:

- ☐ Completed Forms #1-6 listed above.
- ☐ Proof of residency
- ☐ Current Physical
- ☐ Up-to-date Immunization form
- ☐ Fees

Return to:

Cathy Gallinger, Supervisor's Secretary
Town of Clinton
1215 Centre Road
Rhinebeck, NY 12572
845-266-5721 ext 130

supervisorsec@townofclinton.com

***ALL REGISTRATIONS ARE DUE BY JUNE 15 FOR JULY CAMPS AND JULY 13 FOR AUGUST CAMPS ***

Camp Location:

Fran Mark Park 337 Clinton Hollow Road, Salt Point, NY 12578

Town of Clinton Summer 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 following 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 \$175.00 per week for town residents. The cost is \$250.00 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 15 FOR JULY CAMPS AND JULY 13 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.
- In 2022 a snack shack was opened where kids can purchase snacks and drinks after lunch.
- 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 the 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.
 - Campers are welcome to bring sports equipment and toys or games to share during free time. There is a sand beach so sand toys are welcome too. Please label all toys etc. with your name and please have campers leave any electronics at home.
 - Please be aware that there is a cap of 20 children per session.

PLEASE KEEP THIS PAGE!

Summer Camp Registration Form

Child's Name _____ Child's Age _____

Child's Grade for 2024 – 2025 school year _____

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

Please check the week(s) your child will attend camp:

Week	2024 Camp Dates	Check the week(s) your child will attend camp
Week 1	July 8 – July 12	
Week 2	July 15- July 19	
Week 3	August 5 – August 9	
Week 4	August 12 – August 16	

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

Parent/Guardian Name _____

Address _____

City _____

Home Phone _____ Cell Phone _____

Parent(s) E-Mail(s) _____

- Tuition is \$175.00 per week for Town of Clinton residents.
- Tuition for non-residents is \$250.00 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!

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

OFFICE USE ONLY:

Date Rec'd _____ Payment Rec'd _____ Check # _____

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

Name	Phone	Relationship to camper

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

B. 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:

C. Please list siblings also in camp:

MEDICAL INFORMATION

QUESTION	NO	YES (Please explain all YES answers)
1. Does your child have a vision, hearing, or other physical disability which requires special attention or could limit participation in camp activities?		
2. Does your child require emergency treatment for epilepsy, diabetes, nose bleeds, bee stings, etc.?		
3. Does your child have allergies?		
4. Does your child take any medications?		
5. Please list any additional information you wish for us to be aware of:		

Consent for camp staff to apply sunscreen as needed _____
 Parent or Legal Guardian signature/ _____ Date

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 upcoming school year

Child's Name _____ Date of Birth _____ Sex: _____

Street Address _____ City, State, ZIP _____

Child's School _____ Grade in upcoming Fall _____

Parents Names**Cell Phone#****Daytime Phone #****Email Address**

1) _____

2) _____

Emergency Contact _____ Emergency Phone # _____

Relationship to Child _____

Family Doctor _____ Doctor Phone# _____

Primary Medical Insurance Company: _____

Policy Number: _____

1) I/We, the parents of the above-named child, hereby give my/our permission for his/her participation in the Town of Clinton Summer Recreation Program.

2) I/We acknowledge that there are inherent risks and opportunities 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 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, the Program Director(s) and/or Counselors 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 Summer Recreation 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 Summer Recreation 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 on the medical form (previous page).

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.

Parent'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: _____

Complete and return this form

Waiver and Release Form / Liability Release and Parental Consent Form for Summer Camp

In consideration of the acceptance of my application for the 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 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 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 and assignees.

Consent of the Parent or Guardian

I give consent for my child, _____ to participate in the above summer 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.

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

Parent/Guardian 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 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/Guardian: _____ Date: _____

Street Address: _____

City, State, Zip: _____

Name and Age of Minor Children:

Name: _____ Age: _____

Insect Repellent & Sunblock Policy

Child's name: _____ Date _____

Insect repellent policy – Due to allergies of some of our campers, please do not put insect repellent on your child if it contains DEET. Products that are acceptable are Burt's Bees Herbal Insect Repellent and Murphy's Naturals Mosquito Repellent Balm.

Sunblock Policy – We will no longer be using sunblock sprays on children. We do have sunblock available as a lotion. Please write in the space below whether you intend to send sunblock in for your child to use on their own, or whether you would like us to provide sunblock.

Please check preferred response:

☐ I will send sunblock for my child to use on their own☐ I would like the Town of Clinton to provide sunblock_____
Parent/Guardian Signature_____
Print Name_____
Date