

Registration # \_\_\_\_\_

## Village of Montgomery Summer Camp Registration Form

60 Bachelor Street Montgomery, NY 12549

Camp dates: July 6, 2020- August 7, 2020

### CAMPER INFORMATION: (print clearly)

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth(mm/dd/yyyy) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

\*Campers must be going into Kindergarten in the Fall (turn 5 before 12/1/2020) thru 8th grade\*

Grade attending in the Fall: \_\_\_\_\_ School attending: \_\_\_\_\_

Address (see below) resides with both parents \_\_\_\_\_ Mom only \_\_\_\_\_ Dad only \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION: (print)

#### Mother

Name(first/last) \_\_\_\_\_

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

Town \_\_\_\_\_

State/Zip \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_

email \_\_\_\_\_

#### Father

Name(first/last) \_\_\_\_\_

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

Town \_\_\_\_\_

State/Zip \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_

email \_\_\_\_\_

### MEDICAL INFORMATION: (print) (must also include immunization record) \_\_\_\_\_

Alternate emergency contact if above cannot be contacted

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Phone Home \_\_\_\_\_ Cell \_\_\_\_\_

Family Physician \_\_\_\_\_

Address \_\_\_\_\_ Phone #. \_\_\_\_\_

Known allergies \_\_\_\_\_

Current medications \_\_\_\_\_

Medical/educational conditions: (that might help camp staff care for your camper optional)

\_\_\_\_\_

**Camper Name:** \_\_\_\_\_

Please put an X next to the week this camper will attend:

- \_\_\_\_\_ Week 1 July 6th - July 10th
- \_\_\_\_\_ Week 2 July 13th - July 17th
- \_\_\_\_\_ Week 3 July 20th - July 24th
- \_\_\_\_\_ Week 4 July 27th - July 31st
- \_\_\_\_\_ Week 5 August 3 - August 7th

Total number of weeks for this camper: \_\_\_\_\_

**Camper T-shirt Size (please circle):** Youth S M L XL Adult S M L XL  
XXL

**DISCLAIMER:**

In consideration of the Village granting and continuing permission for use of its facilities, programs, and personnel, I hereby authorize my child, whose name appears above, to attend the Summer Camp Program sponsored by the Village of Montgomery. On behalf of my child, I hereby release the Village of Montgomery, its officers, employees and agents from all liability, claims damages, or expense sustained by my child in connection with such participation in the program. In case of injury while at the program, I give permission for my child to be taken to a hospital for treatment to include evaluation for injuries, x-ray, and any needed emergency care. I understand the group leader will try to contact me in case injury occurs. I have explained to my child that she/he is to obey the Village of Montgomery staff and to follow rules and regulations set by them.

**IMPORTANT NOTICE:** Please be advised that the Village's summer camp program is being conducted for the general benefits of the community. Registering your child in the program or advising us of any special situations will help us in running our program. It is, however, impossible for the Village to guarantee the health and safety of every child in the program or that Village employees will have knowledge of each and every special situation. The expense of liability insurance would preclude the Village from having this recreational program for the general benefit of the community if a special relationship was legally established with each child.

**If you do not wish to abide by these limits of liability, PLEASE DO NOT REGISTER YOUR CHILD IN THE PROGRAM.**

**CAMP OPERATOR'S DISCLOSURE STATEMENT TO PARENTS AND GUARDIANS**

This children's camp must have a permit to operate from the Orange County Department of Health. The camp is required to be inspected at least twice annually. Copies of the inspection reports are on file and available for review at the Orange County Department of Health, Division of Environmental Health, 124 Main Street, Goshen, NY

*I also understand that if my check is returned my child can not attend until all payments have been made plus the return check fee of \$20.*

I have read and understand the above policies/information and agree with it's content.

X \_\_\_\_\_

*\*You will also be asked to sign the added consent form on our new COVID policies at time of registration.*