

# TOWN OF HOOSICK



## SUMMER CAMP APPLICATION





REGISTRATION # \_\_\_\_\_

List # Week \_\_\_\_\_

office use only

TOWN OF HOOSICK  
SUMMER CAMP 2017 REGISTRATION FORM  
RESIDENT: \$85. PER WEEK \*\*\* NON-RESIDENT: \$95. PER WEEK

Name of child \_\_\_\_\_ Grade (next fall) \_\_\_\_\_ Age \_\_\_\_\_

Parents/legal guardians name \_\_\_\_\_

Actual Street address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Work phone for who \_\_\_\_\_  
***/LIST ALL PEOPLE ON THIS FORM THAT MAY BE PICKING UP YOUR CHILD AT CAMP. (A CHILD CANNOT LEAVE WITH SOMEONE WHO IS NOT LISTED). THERE ARE NO EXCEPTIONS. IT IS FOR THE SAFETY AND WELFARE OF YOUR CHILD. (if you need more room please provide on a separate sheet, Thank you)***

- 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_
- 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_
- 7. \_\_\_\_\_ 8. \_\_\_\_\_ 9. \_\_\_\_\_

➤ ***IN CASE OF EMERGENCY CONTACT:*** \_\_\_\_\_ Phone \_\_\_\_\_

➤ ***SPECIAL NEEDS/MEDICATION*** \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

***IF YOU CHECKED YES - ALL MEDICATIONS WILL BE SELF-ADMINISTERED. THE TOWN NEEDS TO HAVE A NOTE FROM THE PHYSICIAN STATING THAT CAMPER CAN SELF-ADMINISTER. ALL MEDS WILL BE KEPT IN A LOCKED BOX & RETURNED AT THE END OF CAMP. YOU MUST GIVE TO CAMP DIRECTOR ON 1<sup>ST</sup> DAY OF ATTENDANCE AND PROVIDE ENOUGH FOR DURATION OF CAMP.***

***IN THE EVENT A CHILD CANNOT SELF-ADMINISTER - HE/SHE CANNOT ATTEND CAMP.***

➤ PLEASE LIST ALLERGIES, MEDICATION OR OTHER RELEVANT INFORMATION. MEDICATIONS MUST HAVE CHILDS NAME, WHAT IT IS FOR, WHEN IT IS TAKEN, COMPLETE DETAILS INCLUDING DOCTOR WHO PRESCRIBED IT:

***Payment Is Made At Time Of Registration At The Town Clerk's Office Only***

***Make Check Payable To : Town Of Hoosick***

***Health Form Must Be Completed And Attached At Time Of Registration***

	<b>NON-RES \$95.00</b>	<b>RES. \$85.00</b>
1) Session 1 – July 10 to July 14	Non-Res \$ _____	Res \$ _____
2) Session 2 – July 17 to July 21	Non-Res \$ _____	Res: \$ _____
3) Session 3 – July 24 to July 28	Non-Res \$ _____	Res: \$ _____
4) Session 4 – July 31 to August 4	Non-Res \$ _____	Res: \$ _____
5) Session 5 – August 7 to August 11	Non-Res \$ _____	Res: \$ _____
6) Session 6 – August 14 to August 18	Non-Res \$ _____	Res: \$ _____

# OF WKS \_\_\_\_\_ CHECK# \_\_\_\_\_ CASH \_\_\_\_\_ DATE PAID \_\_\_\_\_ TOTAL \$ \_\_\_\_\_ \$ \_\_\_\_\_

RECEIPT BOOK # \_\_\_\_\_



**TOWN OF HOOSICK  
SUMMER DAY CAMP - 2017**

PLEASE READ AND SIGN

The Town of Hoosick is pleased to offer many fine programs for the children of our community. We look forward to working with you and your children in building a healthy community. You agree by signing this, you understand the rules and regulations of the Town's Summer Camp.

A PARENT MUST ADHERE TO ALL RULES AND REGULATIONS OF OUR CAMP FOR THE HEALTH AND SAFETY OF THE CHILD. CAMP HOURS ARE FROM 8:00 AM TO 4:30 PM. AT THE RINK ON BARTON AVE.

IF YOUR CHILD DOES NOT COMPLETE ANY PART OF A WEEK, THERE ARE NO REFUNDS. IF YOUR CHILD HAS HAD DISCIPLINARY ACTION TAKEN AGAINST HIM AND CANNOT RETURN TO CAMP-THERE ARE NO REFUNDS.

YOU CANNOT GIVE YOUR WEEK TO SOMEONE ELSE IF YOUR CHILD CANNOT ATTEND.

ALL PAPERWORK MUST BE COMPLETED INCLUDING HEALTH FORM AT TIME OF REGISTRATION.

A RESIDENT MEANS YOU RESIDE IN THE TOWN OF HOOSICK. IT HAS NOTHING TO DO WITH IF YOUR CHILD ATTENDS HOOSICK FALLS CENTRAL.

AGES: MUST BE 5 YEARS OLD (ENTERING CAMP TO 12 YEARS OLD SEE 13 TO 15 YR OLD PROGRAM

\* COUNSELOR IN TRAINING PROGRAM 13 YRS OLD TO 15 YRS OLD IS LIMITED TO 5 – CAMPERS PER WEEK. FIRST COME FIRST SERVE. THIS IS A PILOT PROGRAM. YOU PAY CAMP PRICE. NO SALARY

**PRICE: RESIDENT: \$85.00 - NON-RESIDENT: \$95.00**

CAMP RELEASE FORM

Name of child \_\_\_\_\_  
Print Childs Name

Being the natural parent/legal guardian of the above mentioned camper, I do hereby consent to his/her participation in the Town of Hoosick Summer Camp, sponsored by the Town of Hoosick. I know of no medical reason prohibiting my child from participating in the camp. I am aware that any exercise program, even moderate supervised exercise, bears some risk to a participant's health.

I further agree that if he/she does suffer any injury, then the Town of Hoosick, The Town of Hoosick Day Camp, through its employees, independent contractors or agents, have my permission to sign whatever consent forms required for any necessary emergency medical treatment.

I understand that the camp hours are officially from 8:00 am to 4:30 PM, Monday - Friday. I bear the responsibility of transporting my child to and from camp and I understand that the camp is not responsible for my child outside of camp hours. Furthermore, the camp accepts absolutely no responsibility for making sure my child is picked up by an appropriate party.

I hereby release the Town of Hoosick and the Town of Hoosick Day Camp, its employees and independent contractors of any liability and/or negligence claims resulting from my child's participation in the Town of Hoosick Day Camp.

I have read and understand the "Parents Information-Instruction Sheet", which I will adhere to and keep for my reference.

\_\_\_\_\_  
Parent/Legal Guardian SIGNATURE

\_\_\_\_\_  
Parent/Legal Guardian PRINT NAME

\_\_\_\_\_  
Date



**TOWN OF HOOSICK DAY CAMP  
HEALTH FORM 2017**

**THE HEALTH FORM MUST BE COMPLETED & RETURNED WITH CAMP APPLICATION**

NAME: \_\_\_\_\_  
LAST FIRST

**IMPORTANT - PLEASE READ**

*SPECIAL NEEDS MEDICATION:* \_\_\_\_\_ YES \_\_\_\_\_ NO  
**IF YOU CHECKED YES PLEASE READ THE FOLLOWING**

ALL MEDICATIONS WILL BE SELF-ADMINISTERED – THE TOWN NEEDS TO HAVE THE WRITTEN ORDER FOR PRESCRIPTION & OTC MEDICATIONS FORM COMPLETED BY THE PHYSICIAN STATING THAT THE CAMPER CAN SELF-ADMINISTER. ALL MEDICATIONS WILL BE KEPT IN A LOCKED BOX AND RETURNED AT THE END OF CAMP.

YOU MUST GIVE MEDICATIONS TO THE CAMP DIRECTOR ON THE FIRST DAY OF CAMP AND PROVIDE ENOUGH FOR DURATION OF CAMP. ALL MEDS MUST HAVE CHILDS NAME, MEDICATION NAME, INSTRUCTIONS, WHAT IT IS FOR AND DOCTOR WHO PRESCRIBED IT.

**IN THE EVENT A CHILD CANNOT SELF-ADMINISTER – HE OR SHE CANNOT ATTEND CAMP.**

DATE OF BIRTH \_\_\_\_\_ SEX: \_\_\_M \_\_\_F AGE \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELLPHONE \_\_\_\_\_

***IF IN AN EMERGENCY, WHOM DO WE CONTACT:***

NAME \_\_\_\_\_ NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ PHONE \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_ DOCTOR'S PHONE \_\_\_\_\_



**TOWN OF HOOSICK DAY CAMP  
HEALTH FORM 2017 -2 -**

CAMPERS NAME \_\_\_\_\_

**HEALTH HISTORY. IF YOUR CHILD HAS HAD ANY OF THE FOLLOWING PLEASE GIVE APPROX. DATES**

EAR INFECTION _____	HAY FEVER _____	CHICKEN POX _____
RHEUMATIC FEVER _____	POISON IVY _____	MEASLES _____
CONVULSIONS _____	INSECT STINGS _____	GERMAN MEASLES _____
DIABETES _____	PENICILLIN _____	MUMPS _____
BEHAVIOR _____	OTHER DRUGS _____	ASTHMA _____
OTHER _____		

OPERATIONS OR SERIOUS INJURIES (DATES) \_\_\_\_\_

CHROMIC OR RECURRING ILLNESS \_\_\_\_\_

OTHER DISEASES' OR DETAILS OF ABOVE \_\_\_\_\_

RESTRICTED ACTIVITIES \_\_\_\_\_

\*\*CURRENT MEDICATIONS (LIST NAME OF DRUGS, PURPOSE, DOSAGE & WHEN TAKEN) \_\_\_\_\_

**IMMUNIZATION HISTORY**

This is a record of the dates of basic immunizations and most recent booster doses. Please take the time to fill this portion of the health form out carefully and check with your physician or school nurses if your home record is incomplete. These dates are needed to meet the requirements of the New York State Health Dept.

**FILL IN MONTH – DATE – YEAR \*\* YOU CAN ATTACH THE IMMUNIZATION RECORD FROM THE DOCTOR**

DPT SERIES 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ BOOSTER 1) \_\_\_\_\_ 2) \_\_\_\_\_

POLIO OPV (SABIN) \_\_\_\_\_ BOOSTER \_\_\_\_\_

MEASLES VACCINE (LIVE) \_\_\_\_\_

GERMAN MEASLES (RUBELLA) \_\_\_\_\_

MUMPS VACCINE (LIVE) \_\_\_\_\_

MMR (THREE IN ONE) \_\_\_\_\_

TETANUS BOOSTER \_\_\_\_\_

TINE TEST \_\_\_\_\_

OTHER \_\_\_\_\_

**!!! IMPORTANT !!!**

**PLEASE NOTIFY THE CAMP IF THIS CAMPER IS EXPOSED TO ANY COMMUNICABLE DISEASES DURING THE THREE (3) WEEKS PRIOR TO CAMP ATTENDANCE.**

**PARENT OR GUARDIAN'S AUTHORIZATION**

THIS HEALTH HISTORY IS CORRECT TO MY KNOWLEDGE AND THE PERSON HEREIN DESCRIBED HAS PERMISSION TO ENGAGE IN ALL CAMP ACTIVITIES, EXCEPT THOSE NOTIFIED. IN THE EVENT THAT I CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GIVE MY PERMISSION TO THE PHYSICIAN SELECTED BY THE CAMP DIRECTOR TO HOSPITALIZE, SECURE PROPER TREATMENT FOR AND TO ORDER INJECTIONS, ANESTHESIA OR SURGERY FOR MY CHILD AS NAMED ABOVE.

\_\_\_\_\_  
PARENT OR GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE



**TOWN OF HOOSICK**  
**WRITTEN ORDER FOR PRESCRIPTION & O.T.C. MEDICATIONS**  
**YEAR \_\_\_\_\_**

NAME OF CAMPER \_\_\_\_\_  
 D.O.B. \_\_\_\_\_

**All meds. To be self administered unless, at least, an RN is present to administer or a supervising RN delegates the duty to an LPN.**

DRUG	ROUTE	DOSAGE	* SCHEDULE & INDICATIONS	COMMENTS

*\*As needed medications require assessment by an RN or above prior to administration.*

Licensed Prescriber's signature \_\_\_\_\_ date: \_\_\_\_\_  
 Physician, Dentist, Podiatrist, Nurse Practitioner, Physician Assistant, Specialist Assistant, Optometrist, Midwife

**NOTE: PRESCRIPTIONS MUST COME TO CAMP IN ORIGINAL CONTAINER AND LABELED WITH: PATIENT'S COMPLETE NAME, DATE PRESCRIPTION FILLED, EXPIRATION DATE, DIRECTION FOR USE, PRECAUTIONS (IF ANY), STORAGE REQUIREMENTS, DISPENSING PHARMACY (NAME & ADDRESS), AND NAME OF PHYSICIAN PRESCRIBING MEDICATION.**



# SWIMMING LESSONS

ARE YOU SIGNING YOUR CHILD UP FOR  
SWIMMING LESSONS AT THE POOL ?

PLEASE TELL THE CAMP DIRECTOR AND THE POOL  
DIRECTOR YOUR CHILD WILL BE TAKING LESSONS WHILE  
ATTENDING CAMP

A CAMP COUNSELOR WILL TAKE  
YOUR CHILD TO THEIR LESSONS  
AT THE TIME THE  
POOL DIRECTOR HAS SCHEDULED.

**You must register for lessons at the pool only!**

>>>>> please check a box <<<<<<

- YES MY CHILD WILL BE TAKING SWIMMING LESSONS.
- NOT SURE YET.
- NO MY CHILD WILL NOT BE TAKING



**PARENTS COPY  
TOWN OF HOOSICK  
SUMMER DAY CAMP - 2017**

**PLEASE READ AND SIGN**

The Town of Hoosick is pleased to offer many fine programs for the children of our community. We look forward to working with you and your children in building a healthy community. You agree by signing this, you understand the rules and regulations of the Town's Summer Camp.

- ⇒ **CAMP OPENS: AT 8:00 AM. AND CLOSSES AT 4:30 PM.** Located at the Skating Rink on Barton Ave. **Do not drop off your child prior to 8:00 am! AND please pick your child up on time!**
- ⇒ **AGES:** 5 yrs old (must be 5 yrs old beginning of camp and in Kindergarten) to 12 years old. SEE 13-15 YRS OLDS  
Children will be grouped according to age/grade. All equipment will be provided to campers.
- ⇒ **\*\*COUNSELOR IN TRAINING PROGRAM – 13 TO 15 YEARS OLD**  
This is a new program added to our summer camp. There is a limit in this age group of 5 campers per week and is first come first serve. These campers will work with our Counselors and learn all about becoming a Counselor! You pay the same as a camper. There is no salary.
- ⇒ **SIGN OUT:** A Child Cannot Leave With Just Anyone! Make sure the person picking up your child is listed on the application form. In the event you cannot pick up your child - you must tell the Camp Director that another person will be picking up your child. You must sign your child out of camp at 4:30 pm . Your child will only be released to the names on the registration form. This is for the safety of your child. PLEASE ADHERE TO OUR CAMP RULES.
- ⇒ **SIGN UP:** You cannot reserve a week and pay later, nor can you give away a week so someone else. All paperwork must be complete at time of registration.  
**SIGNING UP BY THE WEEK:** You need to fill out another Camp Registration form and inform the Clerk you have signed up previously. You do not need another health form.
- ⇒ **CAMP SIZE:** Is limited to 60 children per week and is on a first come first serve basis. We do not take reservations - signing up early is recommended
- ⇒ **IF YOUR CHILD DOES NOT COMPLETE ANY PART OF A WEEK, THERE ARE NO REFUNDS. IF YOUR CHILD HAS HAD DISCIPLINARY ACTION TAKEN AGAINST HIM AND CANNOT RETURN TO CAMP-THERE ARE NO REFUNDS**
- ⇒ **HEALTH FORM:** This is required by the County Health Dept. You are required to fill out a new form every year - (there is no copying from last year) The health form must be completed before registration. Please make sure you have records of all shots, immunizations.  
**HEALTH INFORMATION:** If your child has medical needs, please make sure all instructions are written out completely. It is very important our Camp Director and Counselors are aware of any health problem.
- ⇒ **WHAT TO BRING:** Campers are responsible for bringing their own lunch and snacks. sweat-shirt for cool days, and sun screen. Sneakers with laces are strongly recommended – no sandals. We discourage Campers from wearing jewelry. We are not responsible for any lost personal items. Please label your child's clothing and back packs.

<b>IMPORTANT PHONE NUMBERS TO KEEP ON HAND</b>	<b>RINK PHONE -</b>	<b>686-4833</b>
	<b>POOL -</b>	<b>686-4083</b>
	<b>TOWN OFFICE -</b>	<b>686-4571</b>

**PRICE: RESIDENT: \$85.00 - NON-RESIDENT \$95.00**

**CAMP RELEASE FORM**

Name of child \_\_\_\_\_

**Print Childs Name**

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\_\_\_\_\_  
Parent/Legal Guardian SIGNATURE

\_\_\_\_\_  
Parent/Legal Guardian PRINT NAME

\_\_\_\_\_  
Date