

TOWN OF HOOSICK



SUMMER CAMP APPLICATION



TOWN OF HOOSICK CAMP REGISTRATION FORM 2024

Any registration forms received that are not signed OR WITHOUT immunization forms, registration fee (s) and appropriate signatures will be returned as incomplete. Please do not have immunization records faxed to this office. Immunization forms need to be turned in with the application.

PLEASE NOTE: We cannot hold incomplete registration packets.

CAMPER'S INFORMATION: (Must be entering Kindergarten in Sept. 2024)

First Name: _____ Last Name: _____ Date of Birth: _____
Street: _____ City: _____ State: _____ Zip: _____
Gender: M F Age: _____ Entering Grade for 2024-2025: _____

My child is participating in the Town of Hoosick Learn to Swim Program

Session: _____ Level: _____ Time: _____

PARENT/GUARDIAN CONTACT: DO NOT list parent if he/she is not authorized to pick up child.

Do you have a custodial agreement? Yes No

****Please note: Parent 1 will be the first person contacted in the event of an emergency unless otherwise noted**

Parent 1:

First Name: _____ Last Name: _____
Street: _____ City: _____ State: _____ Zip: _____
Daytime Phone: _____ Cell Phone: _____ Email: _____

Parent 2:

First Name: _____ Last Name: _____
Street: _____ City: _____ State: _____ Zip: _____
Daytime Phone: _____ Cell Phone: _____ Email: _____

AUTHORIZED PICK UP & EMERGENCY CONTACTS (other than parent/guardian)

Please provide names and numbers of ONLY THOSE PEOPLE AVAILABLE during camp hours.

****ONLY those listed under parent/guardian contact have authority to change authorized pick-ups. ****

Emergency Contact 1:

Name: _____ Relationship to Child: _____
Daytime Phone: _____ Cell Phone: _____

Emergency Contact 2:

Name: _____ Relationship to Child: _____
Daytime Phone: _____ Cell Phone: _____

CHILD'S MEDICAL INFORMATION

Insurance Group Name: _____

Insurance ID Number: _____

Physician's Name: _____

Phone: _____

TOWN OF HOOSICK CAMP REGISTRATION FORM 2024

For Office Use Only	
Number of Weeks:	
Registration Number:	

Week(s) Attending	WEEK	DATES	THEME	PRICE** \$175/Week
	Week 1	July 8-July 12	STEM Week Each day campers will engage in a group experiment/activity!	
	Week 2	July 15-July 19	Heros Week Local heroes will visit camp	
	Week 3	July 22-July 26	Throwback Week Each day we take it back to a different decade	
	Week 4	July 29-Aug. 2	Mystery Week Each day the theme will be something a little different	
	Week 5	Aug. 5 -Aug. 9	A Week at the Olympics Campers are put into teams and participate in competitions	
	Week 6	Aug. 12-Aug. 16	Show Your Spirit! Different theme each day! We will be tie dying!	
Total				

****Please note there will be no camp the week of July 1 - July 5********A family living in the same household with Three (3) or more children, the price per week/per child will be \$130.**

AM & PM Care will be offered for an additional \$30 a week (AM – 7:30 – 8:00am, PM – 4:30 – 5:00 pm).

Please check which week (s) you would like your camper to participate in:

WEEK	AM CARE	PM CARE	PRICE: \$30/week
Week 1			
Week 2			
Week 3			
Week 4			
Week 5			
Week 6			
Total			

Combined Total: _____

Please make payment out to Town of Hoosick. Full payment for all weeks selected is due with application. Please contact the Town Clerk at (518) 686-4571 with any questions.

PLEASE READ THE FOLLOWING CAREFULLY. BY SIGNING BELOW, YOU AGREE TO THE FOLLOWING WAIVER

I hereby grant permission for my child to participate in the Town of Hoosick Camp full-day summer camp and acknowledge all rules, regulations and directives of the program. I have received the Parent Handbook and will familiarize myself with the program guidelines _____ **(Please Initial)**.

I assume, for and on behalf of my child, all risks and hazards incidental to such participation. I also recognize the difficulties and challenges involved in the outdoor, sports programs and camps. And that my child is sufficiently physically and psychologically fit to participate and has not been advised otherwise by a physician.

I agree to indemnify and hold harmless the Town of Hoosick, its employees and personnel from any and all claims, cause of action, liability for injuries or damages which may arise as a result of participating in this program and its trips and activities, including, but not limited to, reasonable attorney's fees and the cost and disbursements of any legal actions. I do hereby waive, relinquish, release, discharge, and hold harmless from any and all liability, for any physical or mental injury or aggravation of any pre-existing illness, handicap, and death, loss of enjoyment, or any other harm or loss of nature which may be sustained by my child while participating in the program. The scope of this agreement extends to any actions taken by the Town of Hoosick, its employees, personnel, volunteers, and the instructor of any class or activity in responding to any emergency and/or medical situation or event. I further agree that they may act in an emergency as best fits the situation in the event either myself or emergency contact cannot be timely reached.

Parent/Guardian Signature: _____ **Date:** _____

SPECIAL ACCOMMODATIONS: Please briefly describe any special accommodation your child may need to participate and someone will contact you. Use a separate sheet if necessary. _____

MEDICAL INFORMATION: Please describe any **allergies, medical condition, or other conditions, such as behavioral or anxiety disorders** of which counselors should be made aware of. Use a separate sheet if necessary. _____

PERSONAL INFORMATION: Please describe any personal situations that we need to be aware of, such as a restraining order, problems with other children, etc. Use a separate sheet if necessary. _____

FINANCIAL AGREEMENT

I understand that I must select the weeks that my child will be attending the program. I agree to pay the Town of Hoosick all weekly fees in full at the time of registration. I understand and agree that I am responsible for a late fee of \$5.00 per child for every five minutes I am late picking up my child(ren).

I agree to pay a \$20 service charge for all returned checks.

Parent/Guardian Signature: _____ Date: _____

SUNSCREEN PERMISSION

Just a few serious sunburns can increase a child's risk of skin cancer later in life. It only takes 15 minutes of exposure of the sun's UV rays to damage the skin. Since children in Camp Hoosick regularly participate in outdoor and water related recreational activities, we strongly recommend adherence to the sunscreen policy.

1. All campers should wear sunscreen with a SPF of at least 15 (or greater) on all exposed skin daily.
2. Parent or legal guardian is responsible for applying the first layer of sunscreen prior to drop-off to the program each morning.
3. Parent or legal guardian will be responsible for providing their children with enough sunscreen (in a sealed container) to take with them for later day applications. One container per child with his/her name clearly indicated on the bottle. Children will not be allowed to use any other product or share. Only over-the-counter sunscreens are accepted.
4. Children will need to be instructed by parent or guardian on how and where to apply the sunscreen.
5. Camp staff will routinely remind campers to apply their sunscreen and make it available for use.
6. Day camp staff will be responsible for ensuring thorough follow-up applications after one hour in water, after two hours of activity in the sun and/or any other time as needed. This may mean that camp staff will need to assist in the application of the sunscreen in the case the camper is not able.
7. Should camp staff need to apply sunscreen, it will be done in the following manner:
 - Staff will confirm that parental permission form has been signed.
 - Staff will use camper's sunscreen.
 - Staff will apply sunscreen to children's exposed areas only (except head and face).
 - Staff will do this in the presence of others and will not apply sunscreen to any area that a bathing suit covers.

I verify that I have read and understand and agree to comply with the Hoosick Summer Camp Sunscreen Policy.

Parent/Guardian Signature: _____ Date: _____

YES, camp staff may apply sunscreen to my child: _____

TRIP PERMISSION

I give my child permission to participate in Town of Hoosick trips. This includes walking field trips to the parks and other locations in town with camp staff.

Parent/Guardian Signature: _____ Date: _____

TICK AND INSECT REPELLANT PERMISSION

1. Parent or legal guardian is responsible for applying the first layer of insect repellent prior to drop –off to the program each morning.
2. Parents or legal guardians will be responsible for providing their children with enough insect repellent (in a sealed container) to take with them for later day applications. One container per child with his/her name clearly indicated on the bottle. Children will not be allowed to use any other product or share. Only over-the-counter insect repellents are accepted.
3. Children will need to be instructed by parent or guardian on how and where to apply the insect repellent
4. Camp staff will routinely remind campers to apply their insect repellent and make it available for use.
5. Should camp staff need to apply insect repellent, it will be done in the following manner:
 - Staff will confirm that parental permission for has been signed
 - Staff will use camper’s insect repellent

I verify that I have read and understood and agree to comply with the Town of Hoosick Summer Camp Tick and Insect Repellent policy.

Parent/Guardian Signature _____ **Date:** _____

Yes, camp staff may apply tick and insect repellent to my child _____

MEDICATION AUTHORIZATION FOR THE USE OF EPIPENS PERMISSION OR INHALERS

This form is to be filled out ONLY if your child needs to carry an EpiPen or an inhaler and must be completed by your child’s physician.

Camp Hoosick is a day camp and Hoosick staff is not allowed to dispense medication. The Department of Health regulations prohibit the administration of medicine, including but not limited to Benadryl, Tylenol, Aspirin, Advil, or Motrin by an unlicensed individual. The two exceptions are asthma inhalers and EpiPens with camp personnel are permitted to **assist** in administering. This form is for permission to carry ONLY EpiPens and/or inhalers. No other medication can be brought to camp.

***It is important that your child is educated about the signs and treatment of anaphylaxis as this knowledge will significantly improve the safety of your child. You are required to bring your child into the Department of Parks, Recreation and Human Services office to either; demonstrate that they can self-administer the EpiPen and/or inhaler or, if they are too young, to demonstrate that they can tell people around them about their allergy and what they can do in the event of an emergency (for example, notify their counselor of an exposure, any trouble breathing, etc). This is required before Friday, June 24, 2024 or your child may not be allowed to attend camp.**

THE FOLLOWING SECTION MUST BE COMPLETED AND SIGNED BY PARENT/GUARDIAN:

Physician’s Information Name: _____

Address: _____

Phone Number: _____

My child HAS HAS NOT been trained to self-administer their EpiPen.

EXPIRATION DATE OF MEDICATION: _____

I have read and agree to the medical authorization above:

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

THE FOLLOWING MUST BE COMPLETED BY THE PHYSICIAN

Diagnosis for which EpiPen and/or inhaler is given: _____

Name of Medication: _____

Form: _____ Dose: _____

If EpiPen and/or inhaler is to be given “WHEN NEEDED” describe indications _____

How soon can medication be repeated? _____

Has child been trained to self-administer? _____

List significant side effects: _____

Physician Signature: _____ Date: _____