

# 2021 MARLBOROUGH SUMMER DAY CAMP AT CLUETT SCHANTZ MEMORIAL PARK



## **Registration Days all to be held at the Town Hall**

- Monday, May 24<sup>th</sup> - 5:30pm to 7:30pm - **OPEN TO RESIDENTS ONLY**
- Saturday, June 5<sup>th</sup> - 9:00am to 12:00pm - **OPEN TO BOTH RESIDENTS AND NON-RESIDENTS**
- Saturday, June 12<sup>th</sup> - 9:00am to 12:00pm - **OPEN TO BOTH RESIDENTS AND NON-RESIDENTS**

**ALL RESIDENTS CAN ALSO REGISTER AT THE TOWN HALL SUPERVISORS OFFICE STARTING MAY 25<sup>TH</sup> UNTIL JUNE 11<sup>TH</sup>**

**\*\*\*IN ORDER TO KEEP CAMP GROUP SIZES WITHIN NYS GUIDELINES YOU MUST PAY FOR ALL WEEKS WANTED AT THE TIME OF REGISTRATION\*\*\***

**IMPORTANT:** Children who are 5 ½ years old, AND have completed Kindergarten PRIOR to the beginning of camp, may attend camp with proof of Kindergarten attendance (a report card). Children up to the age of 13 who reside in the Town of Marlborough OR the Marlborough School District are invited to attend. However, children whose ages are outside the above limits may not attend. Non-Residents and out of School District children may attend but must pay the increased fee.

**Weeks:**

Week #1 July 6-9	Week #2 July 12-16
Week #3 July 19-23	Week # 4 July 26-30
Week # 5 August 2-6	

**Cost:** \$125.00- per child – per week (\$150.00 non-resident)

**Camp Times:** Monday – Friday, 8:30 am - 2:30 pm

**Registration Guidelines**      **\*\*\* MEASLES IMMUNIZATION MUST BE PROVIDED AT TIME OF REGISTRATION\*\*\***

1. To register at the Town Hall, bring with you:
  - The completed forms
  - Copy of child's Birth Certificate or Passport
  - Report card (for proof of Kindergarten)
  - Copy of child's most recent immunization and recent medical records.
  - Proof of residency
  - Payment- checks are to be made payable to: Town of Marlborough (if paying with cash please have exact amount WE DO NOT HAVE CHANGE
2. Only immediate family members can sign up their own children
3. Payment must be made at time of registration. If you cannot pay at registration your forms will not be accepted

**Marlborough Summer Day Camp  
Registration and Information Form  
Ages 5 1/2 (post-Kindergarten) to 13**

Please indicate your choice of session(s).

- \_\_\_\_\_ Week 1 July 6-9
- \_\_\_\_\_ Week 2 July 12-16
- \_\_\_\_\_ Week 3 July 19-23
- \_\_\_\_\_ Week 4 July 26-30
- \_\_\_\_\_ Week 5 Aug 2-6

**NOTE: No camp on July 5th observing July 4th**

**FEES:**  
 \$125 - per child/per week (Week #1 pro-rated to \$100)  
 \$150 – NON resident per Child (Week #1 pro-rated \$120)

**\*\*Registration and medical history must be complete\*\***

Child's Name			Nickname	
Birth Date (Proof required)	Age	Sex	Grade in September	
Parent/Guardian's Name and Address			School	
Parent/Guardian's Name and Address			Daytime Phone	
Parent/Guardian's Name and Address			Evening Phone	
Parent/Guardian's Name and Address			Cell Phone	
Is there a Custody Agreement or Order of Protection we need to know about? Please provide details.				
Local Emergency Contact Name and Number (If child is injured, <u>we will call this person and request instructions</u> , or <u>possibly that the child be picked up</u> )				
1.		3.		
2.		4.		
Doctor Name and Address and phone number				
Health Insurance			<b>Camper is legal resident of which town:</b>	
			<b>Marlborough / Plattekill / Town of Newburgh</b>	
			<b><u>Other non-resident:</u></b>	

**Office Use Only**

CHECK # _____ AMOUNT _____ CASH _____  Total No. Campers paid for _____  Initials of intake person _____	<b>Reviewed the following</b> <input type="checkbox"/> Birth Certificate (copy attached) <input type="checkbox"/> Immunization Record and Medical ( attached) <input type="checkbox"/> Proof of Kindergarten <input type="checkbox"/> Proof of Residency Type _____
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## Medical History Summer 2021

PLEASE ATTACH IMMUNIZATION RECORDS WHICH INCLUDE DATES OF IMMUNIZATION AGAINST THE FOLLOWING: DIPHTHERIA, POLIOMYELITIS, TETANUS, MEASLES, MUMPS, RUBELLA, HAEMOPHILUS, INFLUENZA TYPE A, HEPATITIS B, & VARICELLA (CHICKEN POX)

Camper's Name \_\_\_\_\_

**Allergies**

- None
- Yes (please describe)

**Please identify any medical conditions of which we should be aware, including recent or current illness/injury, restrictions and limitations, and special needs or diets.**

- None
- Yes (please describe)

**Is your child currently taking any medications, including inhalers?**

- No
- Yes (please describe)

**Does the medication need to be taken during camp hours?**

- No
- Yes - A doctor's note must accompany any prescription or non-prescription medication taken during camp and the medication must be administered by our camp EMT.

**Please identify any additional issues or special needs of which we should be aware:**

**EMERGENCY RELEASE**

I give permission in the event of an emergency for first aid to be administered to my child and, should it be necessary, for emergency medical treatment, which may include transportation by ambulance to the nearest hospital. I understand that every effort will be made to contact me.

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

## Cancellation Contact Information

Campers Name \_\_\_\_\_

Parent or Guardians Name \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Preferred way to be contacted.

- email
- text
- phone call

Marlborough Town Summer Day Camp  
2021

**WAIVER OF LIABILITY**

I am fully aware and understand the Cluett Schantz Summer Youth Camp does have on or about the camp premises a Health Director for immediate emergency medical problems. I also understand that the Town of Marlborough does not employ or contract with any medical physician services or make provisions for ordinary or emergency medical services for my child while attending camp. I authorize the Camp Director and/ or the Health Director and/ or an authorized designee of the Camp Director, to call for an ambulance in an emergency and I understand that I will assume full financial responsibility for that decision. I understand that every effort will be made to contact me immediately thereafter.

**Initials** \_\_\_\_\_ **Date** \_\_\_\_\_

I hereby assume full risk, waive all claims and release and hold the Town of Marlborough, its instructors, or employees, or partners of said program or even, individually, or otherwise, harmless for any and all claims for injuries or damages that may occur to my child while participating in any program or event sponsored by the Cluett Schantz Summer Youth Camp.

**Initials** \_\_\_\_\_ **Date** \_\_\_\_\_

**BEHAVIOR AND SUPERVISION**

My child must adhere to the camps code of behavior, and if my child required dedicated adult supervision in a school setting, for behavioral purposes, I will provide that adult supervision to be with my child at all times while at the camp and will do so at my own expense.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER, AND THE SECTION ON BEHAVIOR AND ADULT SUPERVISION, AND CONTENT THEREOF.

Campers Name \_\_\_\_\_

Print Parent/Guardians Name \_\_\_\_\_

Parent/Guardians Signature \_\_\_\_\_ Date \_\_\_\_\_