

NON-RESIDENTS CAMP APPLICATION 2015

CHILD'S NAME: _____ DOB: _____ AGE: _____
ADDRESS: _____ PHONE: _____ SEX: _____ GRADE IN SEPT: _____
FATHER'S NAME: _____ MOTHER'S NAME: _____
FATHER'S PHONE/CELL: _____ MOTHER'S PHONE/CELL: _____
EMERGENCY CONTACT NAME & PHONE # (must be local): _____
CHILD'S PHYSICIAN NAME AND PHONE #: _____
E-Mail Address: (Please print clearly) _____

CAMP ATTENDING: HASTINGS DAY CAMP AFTER CAMP

EARLY BIRD REGISTRATION: April 1st through April 30, 2015. **REGULAR REGISTRATION:** Begins May 1, 2015
Additional weeks must be paid three (3) days in advance, keeping in mind that all camps are limited in number of participants and subject to closure. Full fee must be paid at time of registration. Payment may be made with a check payable to the Village of Hastings or with a MasterCard or Discover credit card.

(NO CASH accepted and NO REFUNDS will be made at anytime).

HILLSIDE
9:00 AM - 3:00 PM
FULL SEASON \$678
WEEKLY \$150

Children in 1st-8th grade

AFTER CAMP
3:00 P.M. TO 6:00 P.M.
FULL SEASON: \$450
WEEKLY \$125

____ **1st Week: June 29, 30, 1, 2,**
____ **2nd Week: July 6, 7, 8, 9, 10**
____ **3rd Week: July 13, 14, 15, 16, 17**
____ **4th Week: July 20, 21, 22, 23, 24**
____ **5th Week: July. 27, 28, 29, 30, 31**
____ **6th Week: Aug. 3, 4, 5, 6, 7**

____ **1st Week: June 29, 30, 1, 2,**
____ **2nd Week: July 6, 7, 8,9,10**
____ **3rd Week: July 13, 14, 15, 16, 17**
____ **4th Week: July 20, 21,22,23,24**
____ **5th Week: July 27, 28, 29, 30, 31**
____ **6th Week: Aug. 3, 4, 5, 6, 7**

MEDICAL HISTORY – IMMUNIZATION RECORD

Required by the New York State Health Department. Please fill in EXACT dates, i.e. 4/23/76.

All shots must be up-to-date. Children will not be admitted to camp unless medical information is complete

Diphtheria / Tetanus (DPT) (at least 3 doses): _____

Hepatitis B (those born after 1-1-93): _____

Polio Vaccine (at least 3 doses): _____ **(Haemophilus influenza B) H.I.B** _____

Measles, Mumps and Rubella (MMR): (at least 2 doses): _____

Varicella (chicken pox) _____

List **ALL** Medications (now or during school year), known allergies, restrictions on activities, behavioral, emotional, or learning concerns. **ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL** _____

MEDICAL RELEASE AND PERMISSION

In consideration of you accepting this registration form, I the undersigned, for myself, my executors, administrators and assignees, do hereby and discharge Hastings Recreation Department, and any and all sponsors, organizers and their representative and successors from all claims of damages, demands, action, and causes of actions whatsoever, in any manner arising or growing out of my participation in said program. I further attest that I am physically qualified to participate in this program.

PARENT OR GUARDIAN SIGNATURE: _____

FOR OFFICE USE ONLY: Ck #/CC: _____ Ck amt: _____ Date: _____ Initials: _____ Total Fees: _____

Hastings Recreation Department
Hastings Camp

DISMISSAL PERMISSION SLIP

Once camp has been dismissed, I give my child _____ permission to:

(Please Circle) Walk Home

Primarily be picked up by _____

Parent / Guardian Signature

Date

I ALSO give the following people permission to pick up my child from camp:

Name: _____

SWIMMING PERMISSION SLIP

Water Exploration will be taught by Water Safety Instructors (WSIs) and lifeguards. Water Exploration will take place in the main Hastings pool. In order for your child to participate in Water Exploration, please sign the following permission slip. For more information on Water Exploration, please refer to the Parent/Camper Manual. Please return the signed slip with your camp application.

I wish to have my child _____ participate in Water Exploration

Parent or Guardian

I ***DO NOT*** wish to have my child _____ participate in Water Exploration.

First & Last Name

Parent or Guardian

PHOTO RELEASE FORM

I give my permission for photos or video tapes to be taken of my child and for my child's name to be used in television reports or newspaper articles for the promotion of The Village. I also give permission for my child's photo to be used on Village brochures/fliers or the web page for publicity. I understand that if my child is involved, there will be no financial payment to me or my child.

Parent / Guardian Signature _____ Date _____

HASTINGS DAY CAMP TRIPS

***NO REFUNDS!!** Each trip is on a first-come, first-serve basis

*All trips are limited in number, so register early!

*All dates are subject to change due to reservation purposes.

*Cut-off day for all trips is the Friday before the trip is scheduled.

CHILD'S NAME: _____ GRADE IN SEPT. _____

ADDRESS _____

DAY TIME PHONE: _____ CELL PHONE: _____

EMERGENCY CONTACT _____ PHONE NUMBER: _____

PARENT'S SIGNATURE (HOSPITAL RELEASE):

Trip #1 ADVENTURE ROPES COURSE (LUNCH AT DAVE & BUSTERS)	4 th – 8 th	July 7, 2015	\$50.00
Trip #2 SPORTS TIME USA	1 st – 3 rd	July 9, 2015	\$40.00
Trip #3 PLAYLAND	4 th – 8 th	July 14, 2015	\$50.00
Trip #4 BOUNCE –U	1 st – 3 rd	July 16, 2015	\$40.00
Trip #5 LEGO TRIP	1 st – 3 rd	July 21, 2015	\$40.00
Trip #6 NEW YORK YANKEE	4 th – 8 th	July 23, 2015	\$60.00
Trip #7 LIFE THE PLACE TO BE	4 th – 8 th	July 28, 2015	\$40.00
Trip #8 LIFE THE PLACE TO BE	1 st – 3 rd	July 30, 2015	\$40.00

Lunch/Drink is included with all trips.

Your child MUST wear sneakers and camp shirt on all camp trips!!

GRAND TOTAL \$ _____

Office use only: CK #/CC _____ CK AMT: _____ DATE: _____ INITIALS: _____

EARLY RISER CAMP PROGRAM

This program is designed to help working parents who need additional childcare prior to the 9:00 am camp day. Activities will include arts & crafts, sports & games

When: Monday-Friday

Times: 7:30 A.M- 9:00 A.M

Who: Early Learning /Hastings Campers

Where: Hastings Day Camp (Cochran Gym)

Starting: June 29th thru August 7th

Registration: James Harmon Community Center

Any questions please contact Lisa O'Reilly at 478-2380 ext 642
Or via e-mail loreilly@hastingsgov.org

Daily \$20

Weekly \$70

Full Season \$400



Name: _____ Grade in Sept. _____

Address: _____ E-Mail: _____

Parent/Guardian Emergency#: _____

In consideration of you accepting this registration form, I the undersigned, for myself, my executors, administrators and assignees, do hereby and discharge Hastings Recreation Department, and any and all sponsors, organizers and their representative and successors from all claims of damages, demands, action, and causes of actions whatsoever, in any manner arising or growing out of my participation in said program. I further attest that I am physically qualified to participate in this program.

PARENT OR GUARDIAN SIGNATURE