

# HASTINGS DAY CAMP 2023

CHILD'S NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

GRADE IN SEPT: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_

E-MAIL ADDRESS: (PLEASE PRINT CLEARLY) \_\_\_\_\_

GUARDIAN'S NAME: \_\_\_\_\_ GUARDIAN'S PHONE/CELL: \_\_\_\_\_

GUARDIAN'S NAME: \_\_\_\_\_ GUARDIAN'S PHONE/CELL: \_\_\_\_\_

EMERGENCY CONTACT NAME & PHONE # (MUST BE LOCAL): \_\_\_\_\_

**EARLY BIRD REGISTRATION:** April 3<sup>rd</sup> through April 28, 2023, **REGULAR REGISTRATION:** Begins May 1, 2023, Additional weeks must be paid a week in advance keeping in mind that all camps are limited in several participants and subject to closure. The total fee must be paid at the time of registration. Payment may be made with a check payable to the Village of Hastings or credit cards accepted. The Recreation Department believes that every resident should have the opportunity to benefit from our programs. Financial assistance is available to qualifying individuals. For more information, don't hesitate to get in touch with Superintendent Aaron Podhurst.

## HASTINGS DAY CAMP 1<sup>st</sup> -6<sup>th</sup> GRADE.

9 am -3 pm

### EARLY BIRD

\$675 FULL SEASON

\$250 WEEKLY

### REGULAR SEASON STARTS MAY 1, 2023

\$725 FULL SEASON

\$275 WEEKLY



- ☐ 1<sup>st</sup> Week: June 26,27,28,29,30
- ☐ 2<sup>nd</sup> Week: July 3,5,6,7
- ☐ 3<sup>rd</sup> Week: July 10,11,12,13,14
- ☐ 4<sup>th</sup> Week: July 17, 18, 19, 20, 21
- ☐ 5<sup>th</sup> Week: July 24, 25, 26, 27, 28
- ☐ 6<sup>th</sup> Week: Aug.31,1,2,3,4



**IMPORTANT**

**\*\*NO REGISTRATION WILL BE ACCEPTED WITHOUT\*\***

## **IMMUNIZATION RECORDS\*\***

**REQUIRED BY THE NEW YORK STATE HEALTH DEPARTMENT.**

**ALL SHOTS MUST BE UP TO DATE. CHILDREN WILL NOT BE ADMITTED TO CAMP  
UNLESS MEDICAL INFORMATION IS COMPLETE; A HARD COPY OF ALL  
IMMUNIZATIONS SIGNED BY A PHYSICIAN MUST BE PROVIDED.**

In consideration of you accepting this registration form, I the undersigned for myself, my executors, administrators And assignees, do hereby discharge Hastings Recreation Department, and any 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: \_\_\_\_\_



# NON-RESIDENTS HASTINGS DAY CAMP 2023



CHILD'S NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

GRADE IN SEPT: \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_ GENDER \_\_\_\_\_

E-MAIL ADDRESS: (PLEASE PRINT CLEARLY) \_\_\_\_\_

GUARDIAN'S NAME: \_\_\_\_\_ GUARDIAN'S PHONE/CELL: \_\_\_\_\_

GUARDIAN'S NAME: \_\_\_\_\_ GUARDIAN'S PHONE/CELL: \_\_\_\_\_

EMERGENCY CONTACT NAME & PHONE # (MUST BE LOCAL): \_\_\_\_\_

\_ HILLSIDE GROUP FRIEND REQUEST \_\_\_\_\_

**REGISTRATION:** April 3<sup>rd</sup> Additional weeks must be paid a week in advance, keeping in mind that all camps are limited to several participants and subject to closure. The total fee must be paid at the time of registration. Payment may be made with a check payable to the Village of Hastings or credit cards accepted.

## HASTINGS DAY CAMP 1<sup>st</sup> -6<sup>th</sup> GRADE.

9:00 AM - 3:00 PM

FULL SEASON \$875

WEEKLY \$300



- ☐ 1<sup>st</sup> Week: June 26, 27, 28, 29, 30
- ☐ 2<sup>nd</sup> Week: July 3, 5, 6, 7
- ☐ 3<sup>rd</sup> Week: July 10, 11, 12, 13, 14
- ☐ 4<sup>th</sup> Week: July 17, 18, 19, 20, 21
- ☐ 5<sup>th</sup> Week: July 24, 25, 26, 27, 28
- ☐ 6<sup>th</sup> Week: Aug. 31, 1, 2, 3, 4



**IMPORTANT**

**\*\*NO REGISTRATION WILL BE ACCEPTED WITHOUT  
IMMUNIZATION RECORDS\*\***

**IMPORTANT**

**REQUIRED BY THE NEW YORK STATE HEALTH DEPARTMENT.**

**ALL SHOTS MUST BE UP TO DATE. CHILDREN WILL NOT BE ADMITTED TO CAMP  
UNLESS MEDICAL INFORMATION IS COMPLETE; A HARD COPY OF ALL  
IMMUNIZATIONS SIGNED BY A PHYSICIAN MUST BE PROVIDED.**

In consideration of you accepting this registration form, I the undersigned for myself, my executors, administrators And assignees, do hereby discharge Hastings Recreation Department, and any 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: \_\_\_\_\_

