



HASTINGS DAY CAMP 2024



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 1st Additional weeks must be paid a week in advance, considering 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. There is a 2.5% charge for all credit cards.

HASTINGS DAY CAMP 1st -6th GRADE.

9:00 AM - 3:00 PM

Early Bird Starts April 1st

Regular Season Starts May 1st

Full Season \$675

Full Season \$725

Weekly \$250

Weekly \$275



1st Week: July 1, 2, 3, 5



2nd Week: July 8,9,10,11,12



3rd Week: July 15,16,17,18,19



4th Week: July 22,23,24,25,26



5th Week: July 29,30,31,1,2



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 Signature: _____ Date: _____

For Office Use Only: Ck # _____ CC _____ Amt Paid: _____ Date _____ Initials _____

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. 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 _____ in Water.
Exploration. participate



Parent / Guardian Signature

Date

PHOTO RELEASE FORM

I give my permission for photos or videotapes 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 permit 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 _____



Sunscreen Permission Slip 2024

I permit my child, _____, to carry sunscreen at camp.
I understand that I will provide sunscreen for my child(ren).

Please check all that apply.

- ☐ I will apply sunscreen on my child before they come to camp each day.
- ☐ Please allow my child to apply his/her sunscreen, as needed.
- ☐ Please apply sunscreen on my child when a child requests an application.

Parent/Guardian Signature

Date