

HILLSIDE CAMP	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
WEEK ONE 	25) WELCOME TO CAMP 2018 MAKE A NEW FRIEND DAY!! 	26) TIE DYE CAMP SHIRTS DAY!! 	27) SNOW FOAM DANCE PARTY 	28) FIELD DAY! 	29) PIZZA FRIDAY
WEEK TWO 	2) BE A KID & PLAY WATER GAMES DAY 	3) TRIP 4TH -8TH LIFE THE PLACE TO BE!! 	4) HAPPY 4TH OF JULY!!! 	5) TRIP 1st -3rd LIFE THE PLACE TO BE!! 	6) PIZZA FRIDAY
WEEK THREE 	9) ICE-POP BONANZA!!!! 	10) BOWL-MOR! BOWLING TRIP 4th -8th 	11) SIMON SAYS MASTER VISITS 	12) BOWL-MOR! BOWLING TRIP 1st-3rd 	13) PIZZA FRIDAY
WEEK FOUR 	16) BE A KID & PLAY WATER GAMES DAY 	17) TRIP 4TH -8TH DAVE & BUSTERS 	18) DAY ROCK! 	19) TRIP 1st-3rd 	20) PIZZA FRIDAY
WEEK FIVE Summer FUN!	23) COLOR WAR 	24) TRIP 4th -8th PLAYLAND PARK 	25) CIRCUS VISITS CAMP!!! 	26) TRIP 1st -3rd MADAGASCAR! 	27) PIZZA FRIDAY
WEEK SIX 	30) ICE CREAM SUNDAE DAY!!!! 	31) GRAND PRIX GO KARTING!!!! TRIP 4th -8th 	1) CAMPERS CARE!! TAG SALE	2) SPORTS TIME USA TRIP 1st -3rd 	3) PIZZA FRIDAY

**** MUST BE COMPLETED BEFORE YOUR CHILD ATTENDS TO CAMP****

Camp Medical Release Form 2018

**THIS FORM MUST BE COMPLETED AND RETURNED TO US IF YOU KNOW
YOUR CHILD WILL NEED PRESCRIPTION OR OVER THE COUNTER
MEDICATION DISPENSED AT CAMP.**

ALL medications (whether PRESCRIPTION OR OVER THE COUNTER) shall be brought to Camp by the parent/guardian.

"Medication" shall include ALL medicines prescribed by a physician for the camper,
including emergency medication in the event of bee stings, etc. and ALL over the counter
medications. Before any medications may be administered to any camper during camp, we
REQUIRE the WRITTEN REQUEST of the PARENT/GUARDIAN who shall give permission for such
administration. In addition, we also REQUIRE the WRITTEN ORDER of THE PHYSICIAN
(EVEN for OVER THE COUNTER MEDICATION) which shall include:

A. The purpose of the medication: _____

B. The dosage, in original containers, specifically labeled: _____

C. The time at which or the special circumstances under which the medication shall be administered: _____

D. The length of time for which medication is to be taken: _____

E. The possible side effects of the medication: _____

NAME _____ DOB _____ WEIGHT _____ AGE _____

DIAGNOSIS _____

MEDICATION/DOSAGE/TIME _____

POSSIBLE SIDE EFFECTS OF THE MEDICATION _____

The camp nurse has permission to administer the above medication as prescribed.

DOCTOR'S SIGNATURE _____

DATE _____ PHONE NUMBER _____

PARENT'S SIGNATURE _____ PHONE NUMBER _____

Non-Residents

CHILD'S NAME: _____ DOB: _____ AGE: _____

ADDRESS: _____ PHONE: _____ SEX: _____ GRADE IN SEPT: _____

GUARDIAN'S NAME: _____ GUARDIAN'S NAME: _____

PHONE/CELL: _____ PHONE/CELL: _____

EMERGENCY CONTACT NAME & PHONE # (must be local): _____

CHILD'S PHYSICIAN NAME AND PHONE _____

E-Mail Address: (Please print clearly) _____

HILLSIDE GROUP FRIEND REQUEST: _____

EARLY BIRD REGISTRATION: April 2nd through April 30th 2018. **REGULAR REGISTRATION:** Begins May 1, 2018 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 credit cards accepted.

HILLSIDE

Children in 1st-8th Grade

AFTERCAMP

9:00 AM - 3:00 PM

FULL SEASON \$700

Weekly \$175

- ___ 1st Week: June 25, 26, 27, 28, 29
- ___ 2nd Week: July 2, 3, 5, 6
- ___ 3rd Week: July 9, 10, 11, 12, 13
- ___ 4th Week: July 16, 17, 18, 19, 20
- ___ 5th Week: July 23, 24, 25, 26, 27
- ___ 6th Week: Aug. 30, 31, 1, 2, 3



3:00 P.M. TO 6:00 P.M.
DAILY \$25 (Circle dates)
FULL SEASON \$475

WEEKLY \$100

- ___ 1st Week: June 25, 26, 27, 28, 29
- ___ 2nd Week: July 2, 3, 5, 6
- ___ 3rd Week: July 9, 10, 11, 12, 13
- ___ 4th Week: July 16, 17, 18, 19, 20
- ___ 5th Week: July 23, 24, 25, 26, 27
- ___ 6th Week: Aug. 30, 31, 1, 2, 3

MEDICAL HISTORY- IMMUNIZATION RECORD

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 and Shots from each child's physician MUST be provided.

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 DAY CAMP 2018

CHILD'S NAME: _____ DOB: _____ AGE: _____

ADDRESS: _____ PHONE: _____ SEX: _____ GRADE IN SEPT: _____

GUARDIAN'S NAME: _____ GUARDIAN'S NAME: _____

GUARDIAN'S PHONE/CELL: _____ GUARDIAN'S PHONE/CELL: _____

EMERGENCY CONTACT NAME & PHONE # (must be local): _____

CHILD'S PHYSICIAN NAME AND PHONE _____

E-Mail Address: (Please print clearly) _____

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HILLSIDE

Children in 1st-8th Grade

AFTERCAMP

9:00 AM - 3:00 PM

EARLY BIRD REGULAR

\$550 FULL SEASON \$600

\$125 WEEKLY \$150

1st Week: June 25, 26, 27, 28, 29

2nd Week: July 2, 3, 5, 6,

3rd Week: July 9, 10, 11, 12, 13

4th Week: July 16, 17, 18, 19, 20

5th Week: July 23, 24, 25, 26, 27

6th Week: Aug. 30, 31, 1, 2, 3



3:00 P.M. TO 6:00 P.M.

DAILY: \$20 (Circle dates)

WEEKLY: \$100

FULL SEASON: \$475

1st Week: June 26, 27, 28, 29, 30,

2nd Week: July 2, 3, 5, 6

3rd Week: July 9, 10, 11, 12, 13

4th Week: July 16, 17, 18, 19, 20

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PARENT OR GUARDIAN SINGNATURE: _____

FOR OFFICE USE ONLY CK#/CC _____ CK AMT: _____ DATE: _____ INITIAS: _____ 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 _____

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 for 6 weeks

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

Who: Early Learning /Hastings Campers

Where: Hillside School

Starting: Monday June 25th thru Friday August 3th

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 \$75

Full Season \$400



Name: _____ Grade in Sept. _____

Address: _____

E-Mail: _____ Emergency#: _____

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PARENT OR GUARDIAN SIGNATURE

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: _____

TRIPS FOR 1ST THRU 3RD GRADE

_____ Trip 1: \$40.00 LIFE THE PLACE TO BE July 5,2018

_____ Trip 2: \$50.00 BOWLING July 12,2018

_____ Trip 3: \$50.00 BOUNCE U July 19,2018

_____ Trip 4: \$40.00 MADAGASCAR PLAY July 26,2018

_____ Trip 5: \$40.00 SPORTS TIME USA August 2,2018

_____ TOTAL NUMBER TRIPS MY CHILD IS ATTENDING _____

TRIPS FOR 4th THRU 8th GRADE

_____ Trip 1: \$40.00 LIFE THE PLACE TO BE July 3, 2018

_____ Trip 2: \$50.00 BOWLING July 10, 2018

_____ Trip 3: \$50.00 DAVE & BUSTERS July 17, 2018

_____ Trip 4: \$50.00 PLAYLAND PARK July 24,2018

_____ Trip 5: \$50.00 GRAND PRIX GO KARTING July 31,2018

_____ TOTAL NUMBER TRIPS MY CHILD IS ATTENDING _____

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.

Guardian Signature _____

GRAND TOTAL \$ _____

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

Hillside Recreation Department

Summer Camp Checklist:

Name _____ Group _____

- Registration form/Contact Info
- Immunization Record

MEDICAL ALERT _____

- Authorization signed by parent and physician.
- Medication received