

Clute Memorial Park  
155 S. Clute Park Drive  
Watkins Glen, NY 14891  
607-535-4438  
[parksdept@watkinsglen.us](mailto:parksdept@watkinsglen.us)



Village of Watkins Glen  
303 N. Franklin Street  
Watkins Glen NY 14891  
P- 607-535-2736  
F- 607-535-7621

**2024 SUMMER RECREATION REGISTRATION**  
**Clute Park 586 E. FOURTH STREET**

Registration will **ONLY** be accepted if **ALL** of the following information has been completed **AND** submitted along with your child's immunization records as per NYS Department of Health Regulations.

Registration is open for children entering Kindergarten – 5<sup>th</sup> grade.

Name of Child: \_\_\_\_\_

What grade is your child **ENTERING** in September 2024: \_\_\_\_\_ School district? \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Address: \_\_\_\_\_

(Street) (City) (State) (Zip)

Village of: \_\_\_\_\_ Town of: \_\_\_\_\_

Parent/Guardian #1: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_  
(Cell) (Work) or (Other)

**E-mail Address:** \_\_\_\_\_  
(E-mail is our primary communication tool)

Parent/Guardian #2: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_  
(Cell) (Work) or (Other)

E-mail Address: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:** In the event that we cannot reach parent/guardians. Please list those who can pick up your child within 15 minutes in the event of an emergency. (**ID REQUIRED**):

Name: \_\_\_\_\_ Phone# \_\_\_\_\_ Relation \_\_\_\_\_

Name: \_\_\_\_\_ Phone# \_\_\_\_\_ Relation \_\_\_\_\_

Name: \_\_\_\_\_ Phone# \_\_\_\_\_ Relation \_\_\_\_\_

\*Campers may only be picked up by person listed as contact #1 & #2 unless a note is sent in each occurrence.

**Families can but are not required to provide a packed lunch, water bottle, hat, spray sunscreen (Dept of health does not allow staff to apply sunscreen on your child), towel and change of clothes. Electronic devices (including phones and tablets), personal toys or games are prohibited.**

**Families are responsible for prompt drop off and pickup, 3 late occurrences will result in camper termination. Parent Handbook will be provided after application has been accepted.**

Payment can be made by check **payable to Village of Watkins Glen** or by Credit Card to the Parks & Recreation Department at 607-535-4438. **Payment must be made at least 10 days prior to Week Session.**

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Credit Card number	Expiration Date	Security Code
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**ADDITIONALLY: THERE ARE NO REFUNDS OR CREDITS FOR ANY OF OUR PROGRAMS, UNLESS WE CANCEL THE PROGRAM.**

**If you have changes in weeks your child(ren) are attending 10 days' notice is required, if you do not give 10 days' notice you are responsible for paying the weeks you choose.**

Call the Parks & Recreation office for more information on Camperships available. Campership applications have to provide proof of income.

By signing this form, you agree to these requirements, dates, times, and fee structure.

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

**Immunization Records:** Please attach your child's immunization records. Immunization dates are required for diphtheria, Hemophilus influenza type B, hepatitis B, measles, mumps, poliomyelitis, rubella, tetanus and varicella (chicken pox), or acceptable exception notification. If your child is not immunized, you must provide: a letter from a physician stating that there is a medical reason why he/she can't receive the vaccine.

List any allergies, medical concerns, special diets, activity restrictions or anything additional that we should be aware of:  
\_\_\_\_\_  
\_\_\_\_\_

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Has your child ever been stung by an insect? Yes No Reactions? \_\_\_\_\_

**MEDICATIONS:** By law any medications taken at camp **MUST BE ACCOMPANIED BY A DOCTOR'S NOTE:**

Asthma Inhaler:	Type: _____	Frequency of Use: _____
Epi-Pen:	Type: _____	Frequency of Use: _____
Medication:	Type: _____	Frequency of Use: _____
Medication:	Type: _____	Frequency of Use: _____

CAMPER NAME: \_\_\_\_\_

**CAMP SESSIONS & HOURS: PLEASE FILL IN WHICH WEEKS YOU WILL BE SIGNING UP FOR:**

**Full Day:** 8AM – 4PM, \$125 per full week

**Half Day:** 8AM – 12PM or 12PM -4PM, \$75 per week  
Half Days with Full day on Friday: \$90 per week

**Extended hours:** 7:30AM – 8AM or 4PM - 4:30PM \$10 each occurrence

Will your child be attending Watkins Glen School Summer Program? Yes or No

If **YES** will your child attend full day on Fridays at Clute Park? Yes or No?.

**What time?**

**and if Half Days will Friday be a full day?**

<b>Week 1: 7/1-7/5</b> <b>Celebrate Summer</b>		
<b>Week 2: 7/8-7/12</b> <b>The Great Outdoors</b>		
<b>Week 3: 7/15-7/19</b> <b>Superheroes</b>		
<b>Week 4: 7/22-7/26</b> <b>Christmas in July</b>		
<b>Week 5: 7/29-8/2</b> <b>Slime Week</b>		
<b>Week 6: 8/5-8/9</b> <b>Summer Carnival</b>		

Camp themes are subject to change.

\*Note if attending WG summer program there is no bus service on Fridays.

CAMPER NAME: \_\_\_\_\_

## **PAYMENT DUE DATE SCHEDULE**

Full Day: \$125  
\$100 each additional child

Half Day: \$75  
Half Day with Full Day Friday: \$90

Extended hours: 7:30AM – 8AM or 4PM - 4:30PM \$10 each occurrence

**Billing is placed when you turn in your registration and is due 10 days prior to weeks' session. 10 days' cancelation notice is required otherwise you are responsible for dates you signed up for.**

	<b><u>Due Date</u></b>	<b><u>Date Paid</u></b>
<b>Week 1 7/1-7/5:</b>	<u>6/21</u>	_____
<b>Week 2 7/8-7/12:</b>	<u>6/28</u>	_____
<b>Week 3 7/15-7/19:</b>	<u>7/5</u>	_____
<b>Week 4 7/22-7/26:</b>	<u>7/12</u>	_____
<b>Week 5 7/29-8/2:</b>	<u>7/19</u>	_____
<b>Week 6 8/5-8/9:</b>	<u>7/26</u>	_____

**PLEASE READ CAREFULLY AND INITIAL**

**INITIAL**

\_\_\_\_\_ **Emergency Permission:** In the event of a serious emergency, I give permission for my child to be taken to the nearest hospital for treatment including any necessary diagnostic test/exams. I understand that every attempt to reach me will be made prior to taking my child to the hospital.

\_\_\_\_\_ **Medication Permission:** In the event that my child needs his/her medication, I give permission to the Camp Medical Director/Nurse to administer the necessary medications. I understand that I will be notified by the Camp Nurse in the event my child needs his/her medications.

\_\_\_\_\_ **Permission to participate and swim:** I give permission for my child to participate in all swim sessions during Watkins Glen Summer Recreation 2024 Program.

\_\_\_\_\_ **Permission to Walk/Bike Home:** I give permission for my child to walk/bike home from camp, 5<sup>th</sup> grade only. Younger siblings may go with an older sibling.

\_\_\_\_\_ **Sunscreen Permission:** I consent to have my camper carry and use sunscreen she/he has brought to camp, which is FDA approved for the over-the-counter use to avoid overexposure to the sun.

\_\_\_\_\_ I consent to have a day camp staff member assist with **SPRAY** application of sunscreen when my child is unable to do so, or if my child requests assistance.

\_\_\_\_\_ **Photo Release:** I consent that any photography or video of myself and/or my child having to do with Watkins Glen Summer Recreation 2024 Program and other programs can be used for publicity, promotion or showing.

\_\_\_\_\_ **General Release:** I hereby agree to hold harmless the Village of Watkins Glen, the respective Board of Trustees thereof, the agents, employees and volunteers from any claim whatsoever, for property or personal damage that I/my child may sustain as a result of his/her participation in the activities of the Watkins Glen Summer Recreation 2024 Program, including swimming, field trips and/or other events sponsored in conjunction with the Watkins Glen Recreation Department.

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

Print Parent/Guardian name: \_\_\_\_\_

Print Campers name: \_\_\_\_\_