

Clute Memorial Park
 155 S. Clute Park Drive
 Watkins Glen, NY 14891
 607-535-4438



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

2023 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 from their doctor. If any information is incomplete, we cannot accept this registration to our Summer Recreation Program as per NYS Department of Health Regulations.

Name of Child: _____

What grade is your child **ENTERING** in September 2023: _____ School district? _____

Birth Date: _____ Age: _____ Gender: _____ Pronouns: _____

Address: _____
 (Street) (City) (State) (Zip)

Parent/Guardian #1: _____

Telephone Numbers: _____
 (Cell) (Work) or (Other)

E-mail Address: _____

Parent/Guardian #2: _____

Telephone Numbers: _____
 (Cell) (Work) or (Other)

E-mail Address: _____

CAMP SESSIONS & HOURS: PLEASE CIRCLE WHICH WEEKS YOU WILL BE SIGNING UP FOR:

Full Day 8AM – 4PM, \$100 per full week K – 6th

Half Day 8AM – 12PM or 12PM -4PM, \$50 per week K – 6th

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? If so add \$10.

Week 1 7/3-7/7 Ball Camp/Team Bldg	Week 2 7/10-7/14 Shark/Water	Week 3 7/17-7/21 Slime/Mess/Foam Party	Week 4 7/24-7/28 Theater/Music
Week 5 7/31-8/4 Pirate/Cardboard	Week 6 8/7-8/11 Skate/Obstacle Course	Week 7 8/14-8/18 Craft/Scavenger Hunt	Week 8 8/21-8/25 Nature/Jungle/Animals

Camp themes are subject to change. *Note if attending WG summer program there is no bus service on Fridays.

Families are required to provide a packed lunch, water bottle, hat, sunscreen, 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 camp termination. Updated meal, transportation options and Parent Handbook will be provided in May 2023.

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

Parent/Guardian Signature: _____

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.**

_____/_____

Credit Card number

Expiration Date

Security Code

ADDITIONALLY: THERE ARE NO REFUNDS OR CREDITS FOR ANY OF OUR PROGRAMS, UNLESS WE CANCEL THE PROGRAM.

Visit www.SenecaLakeEvents.org or call the Parks & Recreation office for more information on full and partial Scholarships available. Scholarship applications have to provide proof of income.

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 _____

Immunization Records: Please attach your child's immunization records from their doctor's office. 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:

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: _____

OFFICE USE ONLY:

DATE: _____ ACCOUNT BALANCE: _____ STAFF INITIALS: _____ (INITIAL EACH)

DATE: _____ AMOUNT PAID: _____ BALANCE: _____ STAFF: _____

DATE: _____ AMOUNT PAID: _____ BALANCE: _____ STAFF: _____

DATE: _____ AMOUNT PAID: _____ BALANCE: _____ STAFF: _____

DATE: _____ AMOUNT PAID: _____ BALANCE: _____ STAFF: _____

DATE: _____ AMOUNT PAID: _____ BALANCE: _____ STAFF: _____

DATE: _____ AMOUNT PAID: _____ BALANCE: _____ STAFF: _____

DATE: _____ AMOUNT PAID: _____ BALANCE: _____ STAFF: _____

DATE: _____ AMOUNT PAID: _____ BALANCE: _____ STAFF: _____

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 2023 Program.

_____ **Permission to Walk/Bike Home:** I give permission for my child to walk/bike home from camp, grades 5 & 6 only. Younger siblings may go with older.

_____ **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 the application of sunscreen when my child is unable to do so, or if my child requests assistance.

_____ **Permission to roller skate:** I give permission for my child to participate in any roller skate activities during Watkins Glen Summer Recreation 2023 Program.

_____ **Photo Release:** I consent that any photography or video of myself and/or my child having to do with Watkins Glen Summer Recreation 2023 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 2023 Program, including swimming, field trips and/or other events sponsored in conjunction with the Watkins Glen Recreation Department.

Signature of Parent/Guardian: _____ Date: _____

Print name of Parent/Guardian: _____

Print Campers name: _____