

# Town of Dover Recreation Department Day Camp Registration Form

Name of Camper: \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_ Grade Entering in Fall \_\_\_\_\_ Male/Female \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Date of Birth \_\_\_\_\_

(Please circle all that apply)

- |    |                                     |                   |
|----|-------------------------------------|-------------------|
|    |                                     | _____ Full Day    |
| 1. | Session - 1: (July 5 - July 15)     | _____ Half Day    |
| 2. | Session - 2: (July 18 - July 29)    | _____ Before Care |
| 3. | Session - 3: (August 1 - August 12) | _____ After Care  |
| 4. | All                                 |                   |

**Camp (check one)**

- \_\_\_\_\_ **Day Camp (Grades K-5)**
- \_\_\_\_\_ **Teen Discovery Camp Grades 6-9)**
- \_\_\_\_\_ **CIT Community Service Sessions - 1      2      3**

**Camp Fee Paid:** \_\_\_\_\_ **Activity Fee Paid:** \_\_\_\_\_ **Balance Due:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Receipt #:** \_\_\_\_\_

Make checks payable to: The Town of Dover **\*\*DO NOT MAIL CASH\*\***

**Release of Liability**

I agree to pay in full the amount specified on my receipt from the department. I also understand that past due payments can be collected through a third party agency. In consideration for being permitted by the above department to participate voluntarily in the above activity, I hereby waive, agree to release, and discharge any and all claims for damages for personal injury, death or property damage, which I may have, or which hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance, the Town, including its officers, employees, agents, co-sponsors or volunteers, from any and all liability even though that activity may arise out of ordinary negligence or carelessness on the part of the persons or entities mentioned above now and forever. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the Town, including its officers, employees, agents, co-sponsors or volunteers, free and harmless from any loss, liability, cost, or expense which they feel may incur as a result of my death or any injury to myself or property damage that I may sustain while participating in said activity now and forever. I understand that no medical insurance is provided.

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo, Web and DTV22 Release**

I hereby additionally consent to my children, as listed above, participation in Town sponsored events and authorize the Town to photograph and/or video tape said activities for use in Town newsletters, on the Town website and for broadcast on Cablevision Municipal Access Channel 22 with the same terms as stated above, outlining my own participation, now and forever.

**Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Email: \_\_\_\_\_ (For Town Updates Only)

**A medical form must be completed for each camper. Form is available at the recreation office.**

Mail registration forms to – Dover Recreation  
126 East Duncan Hill Road  
Dover Plains, NY 12522  
Attention: Day Camp

# Day Camp Medical Form (please fill out completely)

This side is to be filled out by parent or guardian.

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex \_\_\_\_\_ Age: \_\_\_\_\_  
Last First Initial

Grade Entering in the fall \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_  
No. & Street City State Zip

Business Address: \_\_\_\_\_  
No. & Street City State Zip

If not Available in an emergency, notify:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relation: \_\_\_\_\_  
No. & Street City State Zip

## Health History: (Check – giving approximate dates where indicated)

Conditions:	Allergies:	Diseases:	Date
Frequent ear infections _____	Asthma _____	Mononucleosis _____	
Heart defect/disease _____	Hay Fever _____	Chicken pox _____	
Convulsions _____	Poison Ivy _____	Measles _____	
Diabetes _____	Insect sting _____	German measles _____	
Bleeding/Clotting disorder _____	Penicillin _____	Mumps _____	

Prescription drugs taken on a regular basis: \_\_\_\_\_

Operations or serious injuries (dates) \_\_\_\_\_

Dietary Modifications: \_\_\_\_\_

Other diseases or details of above: \_\_\_\_\_

Name of Dentist or Orthodontist: \_\_\_\_\_ Phone \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Date of last physical examination: \_\_\_\_\_

Do you carry family medical/hospital insurance? \_\_\_\_\_

Carrier: \_\_\_\_\_ Policy or group #: \_\_\_\_\_

Suggestions or health related information for camp personnel: \_\_\_\_\_

NO MEDICATIONS WILL BE DISTRIBUTED BY CAMP STAFF

Operations or serious injuries? (dates) \_\_\_\_\_

Disability or chronic illness? \_\_\_\_\_

Any activities to encourage or limit by physicians advice? \_\_\_\_\_

Any behavioral problems/concerns that the director or counselor should be aware of? \_\_\_\_\_

Does your child have permission to participate in swimming? \_\_\_\_\_ all sports? \_\_\_\_\_

## PLEASE READ AND SIGN BELOW

### Emergency Medical Authorization

In the event a minor child injured, we want to ensure that they receive prompt medical care, even if you cannot be reached. In this regard, we have a camp medic and several employees with first aid experience on staff. In the event of an emergency, the J.H. Ketcham Rescue Squad will be contacted. Please make sure you have provided your home, business and (if applicable) cell phone numbers, along with an emergency contact. In order to authorize medical care in an emergency, please complete the following statement. The camp director is available to answer any questions you may have.

I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests and treatment for my child. And, in the event that I or my designated contact person cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injections, anesthesia, and/or surgery for my child as named above. This form is copied for use out of camp.

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Signature of Parent/Guardian

### Release and Waiver

Participation in camp involves rigorous physical activity in sports and other recreational events. Participation often involves the risk of injury. While the Town of Dover, Dover Day Camp, its management and staff will take every precaution to reduce the risk of injury, this risk cannot be completely eliminated. We ask that the parent/guardian of each participant execute the following document.

The Parent/Guardian does hereby covenant and agree to release and hold harmless the Town of Dover and the Dover Day Camp, its employees and representatives, from and against any and all liability, loss, damages, claims or actions (including costs and attorney fees) for bodily injury and/or property damages to the extent permissible by law, arising out of participation in the Dover Day Camp Program.

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Date

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Signature of Parent/Guardian

## Immunization Record

Required immunization must be determined locally. Please record the date (month/year) of basic immunizations and most recent booster:

All immunizations must be up-to-date to participate in day care. Determined by the NY State Health Department.

VACCINES	Date of Immunization	Date of Last Booster
Diphtheria		
Pertussis (Whooping Cough)		
Tetanus		
DPT or		
Tetanus TD		
Diphtheria or		
Tetanus		
Oral polio (Sabin) TOPV		
Injectable Polio (salk)		
Measles (red, hard measles, rubella)		
Mumps		
Rubella (German measles, or 3 Day Measles)		
Hepatitis B		
Haemophilus influenza B mandatory for day camp		
Varicella - chicken pox (not needed in child has had disease)		
Most recent Tuberculin test given (TINE)		
other (specify)		

The health history is correct, and the person herein described has permission to engage in all prescribed camp activities and off-site trips except as noted.

\_\_\_\_\_  
Signature of Parent/Guardian

If you want to fax immunization forms to office, please fax to (845) 832-3286.

**Dover Day Camp Trip  
Parent/Guardian Permission Form  
July – August**

I \_\_\_\_\_ give my child,  
(Please print)

\_\_\_\_\_ permission to  
(Name of child and grade in camp)

participate in **ALL day trips** with the Dover Day Camp. Bus transportation  
will be provided by First Student transportation.

See calendar for trip schedule

My child's attendance at camp on trip days constitutes my permission that they attend.

Parent/Guardian signature \_\_\_\_\_

Phone # during camp hour's \_\_\_\_\_

Emergency contact (name and phone #) \_\_\_\_\_

(Not yourself please) \_\_\_\_\_

# Dover Day Camp Emergency Pick-up Form

## Emergency Contact & Authorization for Pick-up

PLEASE COMPLETE ONE FORM PER FAMILY

Family Last Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Camper s' Names \_\_\_\_\_,

Parent's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

**\*\*\*If your child is sick or needs to be picked up for any reason, we will not release your child to anyone who is not listed on this Authorization Form. This is for your child's protection. When you know your child will be picked up, you must send a signed, dated note on that day stating who will be picking up and at what time. Check one or both boxes for each contact listed below. Do not list people who live far away or aren't available during camp hours to pick-up in an emergency.**

Contact in case of illness or emergency.  Authorized to pick-up my child from camp.

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone ( ) \_\_\_\_\_ Cell Phone/Pager ( ) \_\_\_\_\_

Contact in case of illness or emergency.  Authorized to pick-up my child from camp.

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone ( ) \_\_\_\_\_ Cell Phone/Pager ( ) \_\_\_\_\_

Contact in case of illness or emergency.  Authorized to pick-up my child from camp.

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone ( ) \_\_\_\_\_ Cell Phone/Pager ( ) \_\_\_\_\_

Contact in case of illness or emergency.  Authorized to pick-up my child from camp.

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_



Address \_\_\_\_\_

Daytime Phone ( ) \_\_\_\_\_ Cell Phone/Pager ( ) \_\_\_\_\_

# Dover Day Camp Calendar

This is a tentative schedule, subject to change.

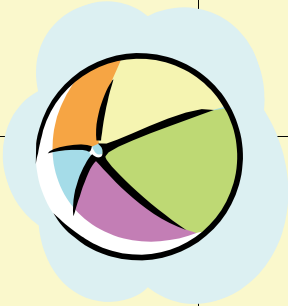
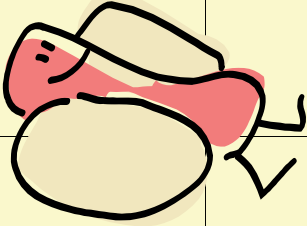
Recreation Office # 845-832-9168

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
<b>3</b> SESSION 1 WEEK 1 <b>Hawaiian Week</b>	NO CAMP	<b>5</b> 1ST DAY OF CAMP Swimming	<b>6</b> ALL CAMP GOLF 11 - 2	<b>7</b> Swimming	<b>8</b> BIG WATER SLIDE!! 	
<b>10</b> SESSION 1 WEEK 2 <b>60's Week</b>	<b>11</b> TYE DYE Disc Dogs Swimming	<b>12</b> Swimming	<b>13</b> BRONX ZOO 8:30 - 4:30	<b>14</b> Swimming	<b>15</b> TOP FLIGHT BOWLING	
<b>17</b> SESSION 2 WEEK 3 <b>Take Me Out To Ball Game Week</b>	<b>18</b> Swimming	<b>19</b> HAT DAY Swimming	<b>20</b> MAD SCIENTIST	<b>21</b> METS BASEBALL GAME 8:30 - 5:00	<b>22</b>	<b>23</b>
<b>24</b> SESSION 2 WEEK 4 <b>Western Week</b>	<b>25</b> Line Dancer's Swimming	<b>26</b> Stick Pony Relay Race Swimming	<b>27</b> WALKWAY OVER THE HUDSON	<b>28</b> TEENS - TMR PRESERVE Swimming	<b>29</b> DJ BOB	<b>30</b>
<b>31</b> <b>**NEWSLETTERS DISTRIBUTED</b>	<b>WILL BE ON FRIDAYS**</b>		<b>HALF DAY CAMP</b> <b>HOURS:</b> 8:30AM - 12:30PM	<b>FULL DAY CAMP</b> <b>HOURS:</b> 8:30AM - 4:00PM	<b>BEFORE CAMP</b> <b>HOURS:</b> 7:00AM - 8:30AM	<b>AFTER CARE</b> <b>HOURS:</b> 4:00PM - 6:00PM

# Dover Day Camp Calendar

This is a tentative schedule, subject to change.

Recreation Office # 845-832-9168

Sun	Mon	Tue	Wed	Thu	Fri	Sat
SESSION 3 WEEK 5 <b>Beach Fun Week</b>	<b>1</b>  <i>Swimming</i>	<b>2</b> <u>TEENS</u> - Make your own Pizza @ Cousin's Snow Cone's <i>Swimming</i>	<b>3</b> <b>SPLASHDOWN PARK</b> 9:00 - 4:00	<b>4</b>  <i>Swimming</i>	<b>5</b>  DJ BOB	<b>6</b>
<b>7</b>  SESSION 3 WEEK 6 <b>Coney Island Week</b>	<b>8</b>  <i>Swimming</i>	<b>9</b> <b>Carnival Day/ Cotton Candy</b> <i>Swimming</i>	<b>10</b> <b>KENT FALLS</b>	<b>11</b>  <i>Swimming</i>	<b>12</b> <b>LAST DAY OF CAMP</b> <i>Hot Dogs!!</i> <i>BIG WATER SLIDE!</i>	<b>13</b>
		<u>1/2 Day Camp Pick-up Time Changes</u> **7/6 - 2:30PM **7/13 - 4:00PM **7/21 - 5:00PM **8/3 - 4:00PM		<u>Full Day Camp Pick-up Time Changes</u> **7/21 - 5:00PM		
<u>HALF DAY CAMP HOURS:</u> 8:30AM - 12:30PM	<u>FULL DAY CAMP HOURS:</u> 8:30AM - 4:00PM	<u>BEFORE CAMP HOURS:</u> 7:00AM - 8:30AM	<u>AFTER CARE HOURS:</u> 4:00PM - 6:00PM		<b>**NEWSLETTERS DISTRIBUTED</b>	<b>WILL BE ON FRIDAYS**</b>