



## 2018 Hillsdale Summer Recreation Program Campers Application

*This program's focus is on the outdoors and environmental education*

Camper's applications are being accepted between April 1<sup>st</sup> - May 1<sup>st</sup>. Hillsdale residents will have first choice given that their applications are submitted before or on May 1<sup>st</sup>. Hillsdale Summer Recreation Program is limited to 65 day campers. After May 1<sup>st</sup> please contact Hillsdale Town Hall to see if space is still available.

This program is open to students ages 5 (having had a year of Kindergarten) to 13. If the camper has been a **previous camper** in this program, they may attend if they are 13 years of age and **director approved**.

**\*Applicants must be 5, and have had a year of kindergarten, and no older than 13 on 07/03/18.**

### **Hillsdale Summer Recreation Program Schedule:**

2018 program will start on July 2<sup>nd</sup> and run till August 10<sup>th</sup> with Camp Closed on the 4<sup>th</sup> of July. August 10<sup>th</sup>, the last day of the program, will be a half day. Campers will need to be picked up at 12:00 on August 10<sup>th</sup>.

This Program is Mon – Fri 9:00am - 3:00pm.

\*\*Pick up on Friday's will be at the THCS Pool

Campers may not be dropped off any earlier than 9:00am.

Please be advised all campers need to be picked up by 3:00pm. An additional charge will be applied after that time to cover the cost of two staff members.

**Program Cost:** \$135 per camper

**Please make check payable to the Town of Hillsdale and include it with your application and all additional forms**

Please complete all pages of this application and mail to:

Hillsdale Summer Recreation Program, c/o Town Hall, Box 305, Hillsdale, NY 12529.



# 2018 Hillsdale Summer Recreation Program

## Campers Application

*This program's focus is on the outdoors and environmental education*

Please One Camper per Application

Camper's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Parent or Guardian Name: \_\_\_\_\_

Parent or Guardian's phone numbers, please list all and state whether it is work, cell or home)

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

Please mark if you would like to be added to Hillsdale News Letter

Person to contact in case of emergency (please include the phone number):

If the above person is not available in case of emergency or alternative pickup please notify:

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

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

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Personal Health/Accident Insurance Provider:

Hospital Preference: \_\_\_\_\_

Does your child plan on attending the Park Program 5 days a week? \_\_\_\_\_

If no, what days does he or she plan on attending? \_\_\_\_\_

Is there any period of time you will be on vacation? \_\_\_\_\_

Camper's Name: \_\_\_\_\_

**Please Read Carefully and Sign Below**

In consideration of the above named child/children being permitted to participate in the Hillsdale Summer Recreation Program, we agree on behalf of ourselves and the above named child/children to abide by all of the rules and regulations of the Summer Recreation Program to promptly report any infraction of the same. The undersigned, as parent/guardian for the above named child/children, hereby assume responsibility for all risk of injury, accident, and loss of property or life arising situation out of such program participation by said child/children and hereby release, discharge and agree to save and hold harmless the Town of Hillsdale, the Hillsdale Park and Recreation Commission, The New York State Office of Parks, Recreation and Historic Preservation (OPRHP) and their agents, employees, and volunteers against any and all claims, causes of action or suits arising out of the same. The rules include the following:

- 1. Appropriate Language – no swearing**
- 2. No hitting or pushing**
- 3. Be respectful to other campers**
- 4. Participate in the activities**
- 5. Come to park appropriately dressed for the scheduled activities**
- 6. Stay in designated areas**

The consequences for not following the rules will be a warning, time out, parent must pick up or suspension from the program. The consequences will be applied according to the infraction. We will go over the rules in further detail on the first day of camp.

Parent/ Guardian Name Print: \_\_\_\_\_

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

Camper's Name: \_\_\_\_\_

Camper's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Hillsdale Summer Recreation Program

## PHOTO RELEASE FORM

I hereby grant the Hillsdale Summer Recreation Program and those acting with the Roeliff Jansen Park Steering Committee's permission and authority, the irrevocable right to use my child or guardian's name and likeness, picture, portrait, or photograph in all forms and media and in all manners, for publicity, promotion, advertising or any other lawful purpose without compensation. I waive any right to inspect or approve the photographs or the editorial or advertising copy or printed matter that may be used in conjunction with the photographs.

Camper's Name: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Parent or guardian, if minor – under 18 years of age)

Print Name: \_\_\_\_\_  
(Parent or guardian)

Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Hillsdale Summer Recreation Program Campers Application Field Trip Form:

There is an additional cost for each of the below field trips. Field trips will need to be paid for the week before the trip. As cost for these trips become available we will let you know. Please mark the field trips your camper would like to attend.

- July 11- Club Life Fitness in Valatie, NY \_\_\_\_\_
- July 18- Hudson River Boat Trip \_\_\_\_\_
- July 19- "Science Tellers" at the RJ Library \_\_\_\_\_
- July 25- Visit to The Copake Summer Program \_\_\_\_\_
- July 26- "Camp Day" Baseball Game in Troy, NY \_\_\_\_\_
- August 1- Puttin' Plus in Saugerties, NY \_\_\_\_\_
- August 2- Jr. Olympics at the Copake Park in Copake, NY \_\_\_\_\_

My child \_\_\_\_\_ has permission to attend the trips that are checked off. He or she will be travelling to and from field trips on a bus provided by the Michael Johnston. I have instructed my child to follow established rules as well as additional rules to keep him or her safe when in an activity.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Field trip agreement:

1. Follow the established rules
2. Do as requested by the adults in charge.
3. Conduct myself in a way that will provide for my safety and the safety of the other participants.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Hillsdale Summer Recreation Program  
Campers Application  
Medical Form**

Camper's Name: \_\_\_\_\_

Please circle Y or N depending on the information that applies to your child.

**Asthma** Y or N    **Heart Disease** Y or N    **Allergies** Y or N

**Seizures** Y or N    **High Blood Pressure** Y or N    **Diabetes** Y or N

**Leukemia** Y or N    **Cancer** Y or N    **Hemophilia** Y or N

**ADHD/ ADD** Y or N    **Autism** Y or N    **Cerebral Palsy** Y or N

Explanations: \_\_\_\_\_

\_\_\_\_\_

Other you feel we should be aware of to better meet the needs of your child:

\_\_\_\_\_

\_\_\_\_\_

Allergies to any:        **Food:** Y or N                      **Plants:** Y or N  
   **Medicine:** Y or N                      **Insect Bites:** Y or N

Other: \_\_\_\_\_

Explanations: \_\_\_\_\_

\_\_\_\_\_

Are there any reasons to restrict full activity including swimming, long hikes, backpacking, strenuous physical games? Y or N

List any conditions limiting full participation either physical or emotional:

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Any special equipment such as orthopedic, glasses or contacts, dentures etc.

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**Please list any medications that will be kept with your child or staff.**

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***Please include a copy of your child’s medical history obtained from your child’s doctor. These records need to be complete and handed in for your child to attend the program.***

In case of emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Please make payment in full in the form of a check only, payable to the Town of Hillsdale and include it with this application and all additional forms**

Mail to: Hillsdale Summer Recreation Program, c/o Hillsdale Town Hall, Box 305, Hillsdale, NY 12529.

For Office use only
CHECK# _____ AMOUNT _____