



2023 Hillsdale Summer Recreation Program Campers Application

This program's focus is on the Outdoors and Environmental Education

Campers applications are being accepted between April 1st and May 1st. Hillsdale residents and previous campers will have first choice given that their applications are submitted before or on May 1st. The Hillsdale Summer Recreation Program is limited to 65 day campers. After May 1st, please contact Hillsdale Town Hall to see if space is still available.

This program is open to students ages 5 (having attended 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, have attended a year of kindergarten, and no older than 13 on 07/01/23.**

Hillsdale Summer Recreation Program Schedule:

The 2023 program will start on July 10th and run until August 18th. August 18th, the last day of the program, will be a half day. Campers will need to be picked up at 12:00 noon on August 18th.

This Program is Monday – Friday 9:00am - 3:00pm.

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: \$125 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.



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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 the 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 assumes 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
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:

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

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

Has your child had COVID-19 in the last 12 months _____

If so, when _____

Has your child been vaccinated for COVID-19? Yes or No

If so, when/what vaccine _____

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 _____