

# CITY OF NEWBURGH RECREATION DEPARTMENT

## SUMMER CAMP

LOCATION: GIDNEY AVE SCHOOL 300 GIDNEY AVE, NEWBURGH, NY 12550

2023 – SUMMER CAMP REGISTRATION FORM

**MUST INCLUDE FULL PAYMENT AND COPY OF IMMUNIZATION AND REPORT CARD**

Summer Camp Grades 1 – 5

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Male/Female \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Email: \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Grade in fall 2023: \_\_\_\_\_ Included Report card \_\_\_\_\_ T-Shirt Size (**Please indicate if youth or adult size**)

Mother's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Please list the names and phone # of any person to whom we may release your child and/or contact in the event of an emergency. Please note that for the safety of your child, we will not release your child to any persons not listed for any reason. All person(s) picking up children must be at least 18 years of age and must present a photo ID.

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Payment/Immunization/Report card due at time of registration. Residents \$350 per child for six week session including trips, non-residents \$450 per child for six week session including trips. DSS participants must provide DSS acceptance letter with registration submission; **weekly trips will be an additional cost.**

**All payments are non-refundable (NO EXCEPTIONS).**

Resident  Non-Resident

I understand that the cost listed above represents the full cost for the entire summer session my child is enrolled in the City of Newburgh Recreation Summer Camp. I understand that the person signing this agreement is responsible for payment my child attends the City of Newburgh Summer Camp. I understand that there will be no reduction in fee for my child's absence due to illness, vacation or when an emergency closing is deemed necessary. (Initial) \_\_\_\_\_

**Summer Camp begins at 8:30 a.m. and ends at 3:00 p.m.**

I understand that the City of Newburgh Recreation Summer Camp will charge a late fee if I am late picking up my child. The late pick up fees are \$5 per child for the first 15 minutes and \$1 per minute thereafter until the time of pick up. (Initial) \_\_\_\_\_

**Summer Session: June 28 - August 4, 2023 (Please note July 4th is a HOLIDAY & NO PROGRAMMING WILL BE AVAILABLE)**

SIGNATURES: The above terms have been read, are understood and agreed to, and I am enrolling my child in the City of Newburgh Recreation Summer Camp.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

City of Newburgh Recreation Summer Camp  
401 Washington Street  
Newburgh, New York 12550

**Medical History**

Child's Name \_\_\_\_\_

Please list any special allergies (medication, bee sting, foods, etc) or any other medical problems or physical conditions of which Summer Camp staff should be made aware \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Physicians Telephone Number \_\_\_\_\_ : Campers Identification Number: \_\_\_\_\_

Specific information regarding child's development (physical, emotional, cognitive) \_\_\_\_\_

Any specific activities restrictions \_\_\_\_\_

Do you have medical insurance?  Yes  No

Insurance Carrier \_\_\_\_\_ Name of insured \_\_\_\_\_

Member ID # \_\_\_\_\_ Group # \_\_\_\_\_

PERMISSION TO SEEK MEDICAL TREATMENT

I am filling out this form for my child \_\_\_\_\_, in the event that I can not be reached in an emergency; I hereby give my permission to the City of Newburgh Recreational Summer Camp staff to secure medical treatment for my child. I also understand that EMS will handle any emergency requiring assistance and if ambulance transport will be required.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

PARENT /GUARDIAN AUTHORIZATION

This health history is correct so far as I know, and the person herein described has permission to engage in all camp activities, except as noted by me above.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

City of Newburgh Recreation Summer Camp.  
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2023 – SUMMER CAMP FIELD TRIP AUTHORIZATION FORM

Child's Name \_\_\_\_\_

Throughout the summer, your child will be participating in various activities, including field trips and/or swimming. All field trips/activities will be via walking or by transportation by bus. Recreational summer camp staff will properly supervise all trips/activities. These trips/activities require parents to sign a specific permission form.

I, the undersigned, give my child permission to participate in all programs and activities including field trips and swimming, provided through the City of Newburgh Recreation Summer Camp.

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

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2023 - SUMMER CAMP PHOTO PERMISSION FORM

Child's Name \_\_\_\_\_

I, \_\_\_\_\_, do hereby give the City of Newburgh Recreation Summer Camp, permission to photograph my child or release photograph to the media or any events that they participate in the Summer Playground.

I, \_\_\_\_\_, do not give the City of Newburgh Recreation Summer Camp, permission to photograph my child or release photograph to the media or any events that they participate in the Summer Camp.

I am the parent or guardian of the minor named above and has the legal authority to execute the above release.

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

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401 Washington Street  
Newburgh, New York 12550

Waiver (to be completed by ALL participants, regardless of age):

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_  
(Print Name) (Name of Child)

The undersigned, in consideration of adequate and sufficient consideration which is hereby acknowledged, hereby agree to release, discharge and hold harmless the City of Newburgh, its officers, employees and agents from any and all claims, actions, incidental or consequential or unknown damages, for my child to participate in the City of Newburgh Summer Camp June 28, 2023 to August 4, 2023 **(except July 4, 2023 due to the holiday)**.

I hereby waive any and all such claims and hereby release the City of Newburgh, its officers, employees, and agents there from. This Waiver shall be in favor and insure to the benefit of the City of Newburgh and its respective affiliates, successors and assigns.

This waiver and release shall be a continuing one and shall survive the termination or expiration of any further actions, proceedings or agreements relating to the underlying event.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Telephone #