

REGISTRATION CHECKLIST

TEEN TREKS CAMP 2024

- Have a current account with the Parks & Recreation Department (and if registering online, know your username and password – you can call our office ahead of registration if you are unsure).
- Payment in the form of a check made out to “Town of Lewisboro,” cash, or credit card (note: there is a 3% fee on all credit card transactions whether in person or online).
- ALL forms filled out entirely (these forms are in **ADDITION** to your online registration):
 - Registration form
 - Bus permission slip (if utilizing our transportation system, which we highly encourage)
 - Off-site permission slip
 - Conduct Agreement
- A copy of your camper’s current immunizations (we need a copy each year, so even if you gave us one last year- please receive a new copy from your child’s doctor).

Options for handing in forms/immunization records (deadline is Friday, February 23rd, 2024):

- Print, fill out, scan & email directly to Katie Coluccini:
recreation2@lewisborogov.onmicrosoft.com
- Complete the fillable PDF, save & email directly to Katie Coluccini:
recreation2@lewisborogov.onmicrosoft.com
- Drop off at the Parks & Recreation Office - 99 Elmwood Road, South Salem, NY 10590
- Mail to our office (address above)
- For immunization records: scan & email, have your doctor’s office fax it to (914)232-6165, or mail to/drop them off at our office.

If you have any questions, please reach out to Katie Coluccini at (914)232-6162 or recreation2@lewisborogov.onmicrosoft.com.

2024 LEWISBORO TEEN TREKS CAMP REGISTRATION FORM

BUS # _____ (for office use only)

Please choose one:

Teen Treks 3 Day:

Resident - \$1,900

School District/Non-Resident - \$2,200

Teen Treks 5 Day:

Resident - \$2,400

School District/Non-Resident - \$2,700

Camper's Name: _____ Sex: ____ D.O.B.: _____

Grade in Fall of 2024: 6th 7th 8th School Area: MP IM KES Non-Resident

Mailing Address: _____ City: _____ Zip: _____

Parent's Name: _____ Cell: _____ Work: _____

Parent's Name: _____ Cell: _____ Work: _____

Preferred Email Address for communications: _____

Emergency Name (other than parent): _____ Cell: _____

If you are registering siblings, would you like them to be placed together? Yes No

Please list **ONE** friend request for your child: _____

Doctor's Name: _____ Phone: _____

Insurance Company: _____ Policy #: _____

Is your child allergic to insect/bee bites/stings? Yes No

Food allergies: _____

Drug allergies: _____

Is your child taking any prescribed medication? Yes No

Medication: _____

Will your child need to take this medication during the camp day? Yes No

Other allergies/special needs/information that can help to make your child's camp experience a positive one:

MEDICAL RELEASE: I give my child listed above permission to take part in all camp activities and trips unless otherwise indicated. I also understand that the Town of Lewisboro does not maintain medical insurance for program participants. Persons participating do so at their **own risk**. If I cannot be reached in the event of an injury, I give my permission for my child to be taken to a hospital for treatment to include evaluation of the injury, x-ray, and needed care.

Parent/Guardian Signature: _____ **Date:** _____

Bus Transportation (please check one):

I do not need bus transportation

Increase Miller Elementary School

Lewisboro Elementary School

Town Park

Katonah Elementary School

Meadow Pond Elementary School

Vista Community House

Oakridge Shopping Center

LEWISBORO TEEN TREKS 2024 CONDUCT AGREEMENT

Teen Treks Camp is committed to the safety and security of all participants. It is our goal to create a fun and safe environment. In order to ensure that all Teen Trek campers have a common understanding of expectations and our policies, please review this agreement together with your camper. After reading, please sign and return it to the Lewisboro Parks & Recreation Department **no later than February 23, 2024.**

During the Teen Treks camp season ALL staff and campers will be responsible for maintaining a positive community where ALL members feel safe and comfortable.

ALL CAMPERS ARE EXPECTED TO:

1. Stay with their group at all times unless otherwise directed by camp staff.
2. Respect ALL staff members, other campers, and patrons and employees of the sites we visit. Your directors, assistant directors, and counselors are your chaperones while you are away from home and their directions **must** be respectfully followed at all times.
3. Respect the personal property and opinions of others. Fighting, verbal abuse, and destruction of property will not be tolerated. Any damages will be the responsibility of the camper and their family.
4. Use appropriate language at all times with both campers, staff, and the patrons and employees of the sites we visit.
5. Take responsibility for their actions - think first, consider the consequences, and make good choices.
6. Be responsible for all of their belongings while at John Jay High School, on the bus, and at the sites we visit.
7. Be aware of the schedule for the day, paying close attention to check-in times (7th - 10th graders).
8. Wear and bring appropriate clothing for each trip (ie: camp t-shirt, bathing suit, towel, etc).
9. Alert camp staff of any information relating to the health, safety, and welfare of both yourself and fellow campers.
10. Not have **any** alcohol, drugs, or tobacco products or devices in their possession (ie: flasks, cigarettes, e-cigarettes, vaporizers, juuls, etc.)

FAILURE TO ADHERE TO RULE #10 WILL RESULT IN IMMEDIATE DISMISSAL FROM THE PROGRAM WITHOUT A REFUND.

CONSEQUENCE POLICY:

1st Occurrence: Warning & Phone Call Home

2nd Occurrence: Camp Suspension (no missed days will be refunded)

3rd Occurrence: Dismissal from camp (**no refund**)

** Please note that it is at the discretion of the Supervisor of the Parks and Recreation Department of the Town of Lewisboro, depending upon the severity of the incident, to suspend or dismiss the camper from camp after the first or second occurrence. **

** The Teen Treks Camp directors and assistant directors reserve the right to speak with any camper that is involved in, or is a witness of, any incident that occurs during the camp day. **

I, _____, understand the rules and expectations of the 2024 Lewisboro Teen Treks Camp. I realize that if my choices and activities result in my dismissal, there will be no refund. I agree to follow the rules and expectations of camp.

Camper Signature

Parent/Guardian Signature

Date

Date

2024 LEWISBORO PARKS AND RECREATION DEPARTMENT
TEEN TREKS CAMPER OFF-SITE PERMISSION SLIP

New York State Department of Health Camp Code Regulations state that we must have any camper that attends any of the Lewisboro Parks and Recreation Department camps (including Little Explorers, Main Event, and Teen Treks) fill out the following permission slip, including a parent signature.

My signature below gives permission for my child, _____, to participate in all camp activities and to attend all off-site trips (any trip outside of the campgrounds) which includes but is not limited to: the Town Park Pool, aquatics amusement parks and activities, nature centers, zoos, amusements parks, and movie theaters. I understand that my child will accompany the Lewisboro Parks and Recreation Department and its camp staff on all of these trips.

Parent Signature _____ Date _____

CAMP:

- Teen Treks 3 Day (6th-8th grade)
- Teen Treks 3 Day (9th-10th grade)
- Teen Treks 5 Day (6th-8th grade)

2024 TEEN TREKS CAMPER BUS PERMISSION SLIP

The Town will provide transportation to and from local bus stops to the camp's home base of John Jay High School. Below, please indicate if your child has permission to walk/bike home from their afternoon drop-off location.

BUS: _____ (for office use only)

My child's bus stop: (check one)

- | | |
|--|--|
| <input type="checkbox"/> Increase Miller Elementary School | <input type="checkbox"/> Meadow Pond Elementary School |
| <input type="checkbox"/> Lewisboro Elementary School | <input type="checkbox"/> Vista Community House |
| <input type="checkbox"/> Town Park | <input type="checkbox"/> Oakridge Shopping Center |
| <input type="checkbox"/> Katonah Elementary School | |

My child, _____

- cannot be left unattended at the bus stop if a guardian is not present. (If no guardian is present at the time of drop-off, my child will be transported to Town Park.)
- can wait at their bus stop unsupervised or walk/bike ride home.

Parent Signature

Date