

LEWISBORO CAMP REGISTRATION FORM

BUS # _____

Camper's Name _____ Sex _____ D.O.B. _____ Home Phone# _____

Mailing Address, _____ City _____ Zip _____

Mother's Name _____ Work Phone _____ Cell Phone _____

E-mail address _____

Father's Name _____ Work Phone _____ Cell Phone _____

Emergency Name (other than Parent) _____ phone# _____

Doctor's Name _____ Phone# _____

Grade in Fall _____ School Area: MP IM KT

Please list ONE child you would like your child to be placed with: _____

Is your child taking any prescribed medication? YES NO

Medication _____ Will your child need to take this medication during the camp day? YES NO

Is your child allergic to insect/bee bites: YES NO

Any Food Allergies _____ Drug Allergies _____

Was your child vaccinated for COVID : YES NO Dates of immunization _____, _____, _____

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

MEDICAL RELEASE: I hereby certify that my child is in normal physical and mental health. 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 illness/injury, I give my permission for my child to be taken to a hospital for treatment to include evaluation of the illness/injury, x-ray, and needed care.

Parent/Guardian Signature _____ Date _____

Hospitalization/Insurance Company _____ Policy# _____

Bus Transportation (please check one):

- Increase Miller Elementary School John Jay High School Katonah Elementary School
 Lewisboro Elementary School Meadow Pond Elementary School
 Oakridge Shopping Center Vista Community House

Camp Choice

Little Explorers:

\$850

Main Event:

\$850

After Camp:

\$500

Summer Mini Camp:

\$350

Form of payment: cc check cash

\$100 late fee will be applied if registering after April 30, 2022

LEWISBORO MAIN EVENT CAMP

2022

Behavior Policy

Please sign this form and return it to the Parks and Recreation Department by June 1st, 2022

Rules of Camp:

1. Campers are required to stay with their group at all times unless otherwise directed by camp staff.
2. Campers are expected to respect all staff members as well as other campers. This includes following the rules and following the directions of the staff.
3. No fighting, verbal abuse or destruction of property (destruction of property will result in being billed for damages) will be tolerated.
4. Participants may not have any drugs or tobacco products or devices in their possession (e.g. flasks, cigarettes, e cigarettes - vaporizers, juuls). ****Failure to adhere to rule # 4 will result in immediate dismissal from program****

POLICY:

Date:

_____ 1st Occurrence: Warning and phone call home
_____ 2nd Occurrence: Camp Suspension – 2 Days
_____ 3rd Occurrence: Dismissal from camp – NO REFUND

***Please note that in the discretion of the Supervisor of the Parks and Recreation Department of the Town of Lewisboro, depending upon the severity of the incident, the camper may be suspended or dismissed from camp after the first or second occurrence.

I, _____, understand the rules of the 2022 Lewisboro Main Event Camp. I realize if my activities result in my dismissal there will be no refund. I agree to follow the rules of camp.

Camper Signature

Parent/Guardian Signature

Date: _____ / _____ / 2022

Main Event Camp Group

LEWISBORO PARKS AND RECREATION DEPARTMENT

2022

CAMPER OFF-SITE PERMISSION SLIP AND OVER THE COUNTER SUNSCREEN/SANITIZER/INSECT REPELLENT

Due to the New York State Department of Health Camp Code Regulations, we must have a permission slip for every camper that attends any of the camps offered by the Lewisboro Parks and Recreation Department. This slip grants your child permission to attend all camp trips and grants permission for your child to use and apply sunscreen and insect repellent.

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 camp grounds) which includes but are not limited to the TOWN PARK POOL, AQUATICS AMUSEMENT PARKS, THEME PARKS, ARCADES, AND MOVIE THEATERS. I understand that they will accompany the Lewisboro Parks and Recreation Department and its camp staff on all these trips. Additionally, the undersigned grants permission for said child to carry insect repellent, hand sanitizer and/or a sunscreen that is FDA approved for over the counter use and for the camp staff to assist the child, at their request, in the application of the approved sunscreen, without physical contact of the child. A record of such permission shall be maintained by the camp.

DATE: ___/___/2022 Parent's Signature: _____

Little Explorers

Main Event