

# 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 23<sup>rd</sup>, 2024):**

- Print, fill out, scan & email directly to Katie Coluccini:  
[recreation2@lewisborogov.onmicrosoft.com](mailto:recreation2@lewisborogov.onmicrosoft.com)
- Complete the fillable PDF, save & email directly to Katie Coluccini:  
[recreation2@lewisborogov.onmicrosoft.com](mailto: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](mailto: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:  6<sup>th</sup>     7<sup>th</sup>     8<sup>th</sup>                      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 (7<sup>th</sup> - 10<sup>th</sup> 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:

1<sup>st</sup> Occurrence: Warning & Phone Call Home

2<sup>nd</sup> Occurrence: Camp Suspension (no missed days will be refunded)

3<sup>rd</sup> 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.

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Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**CAMP:**

- Teen Treks 3 Day (6<sup>th</sup>-8<sup>th</sup> grade)
- Teen Treks 3 Day (9<sup>th</sup>-10<sup>th</sup> grade)
- Teen Treks 5 Day (6<sup>th</sup>-8<sup>th</sup> 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.

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Parent Signature

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Date