

PROSPECT PARK RECREATION DEPARTMENT CAMP HOFSTRA REGISTRATION

Grade during 2020-2021 **K** **1** **2** **3** **4** **5** **6** **7** **8**



Child's Name: _____ DOB: _____ Current Age: _____

T-Shirt Size: S, M, L, XL

Mailing Address: _____

Town, Zip _____

Mother's name: _____ Phone #: _____

Email _____

Father's name: _____ Phone #: _____

Email _____

Other Emergency Contact Name: _____ Phone #: _____

Child may leave without a parent at any time: _____ or child must be picked up: _____

If child is picked up after program, due to illness or early dismissal: please name the person(s) with permission to pick up other than parents:

Name: _____ Telephone #: _____ Relationship to child: _____

Name: _____ Telephone #: _____ Relationship to child: _____

PLEASE MARK THE WEEKS YOUR CHILD WILL BE ATTENDING

COST:	REGULAR SESSION \$100.00 PER WK/PER CHILD	EXTENDED SESSION \$120.00 PER WK/ PER CHILD
DATES:		
JUNE 24TH- JUNE 28TH	_____	_____
JULY 1ST-JULY 5TH ***	_____	_____
JULY 8TH- JULY 12TH	_____	_____
JULY 15TH- JULY 19TH	_____	_____
JULY 22ND- JULY 26TH	_____	_____
JULY 29TH- AUG 2ND	_____	_____
AUG 5TH - AUG 9TH	_____	_____
AUG 12TH- AUG 16TH	_____	_____
AUG 19TH- AUG 23RD	_____	_____
AUG 26TH - AUG 30TH	_____	_____

***** Please be advised the week of July 1st is a short week due to 4th of July.
Camp fees for that week are \$80.00 regular session and \$100.00 Extended Session**

SPECIAL SAVINGS

Full 10 week Session Paid in Full receives a 10% discount
 Session #1 (first 5 weeks of camp) Paid in Full receives a 5% discount
 Session #2 (last 5 weeks of camp) Paid in Full receives a 5% discount

Total Amount Enclosed: \$ _____ *Extended Day is purchased for the entire week. No daily payments permitted.
Extra field trips added to the program may require additional payment.

All registration payments must be completed in advance of attendance and must be processed at the Recreation Office in the Municipal Building at 106 Brown Avenue. Registrations and payments are accepted Monday-Friday 8:30 AM-4:30 PM. **Registrations and payments will not be accepted at the camp site by camp supervisory staff.**

Camp Registration fees are non-refundable. Absolutely no refunds will be made in the event of a cancellation other than for a valid medical reason as certified by the camper's licensed physician submitted to the Recreation Director in Written form on the physician's letterhead. All medical refunds are subject to a 50% charge of the unused portion of the registration fee. Any camper dismissed from camp for disciplinary reasons will not be eligible for a refund of any unused portion of their registration fees.

Parent's permission for Hospital or Doctor to administer anesthetic and or emergency treatment if required? Yes No

By enrolling and signing this application, I give my child permission to attend any field trips or activities. I authorize any medical treatment in my absence for the well-being of my child and in case of an emergency. I have listed above any special, medical, physical and allergies that the staff should be aware of. I understand that if my child requires an inhaler/epi-pen that my child is responsible for taking it with him/her on any trip or activity and any accidents or injuries will be reported to the Recreation office as soon as possible for me to be contacted.

The applicant, parents, guardians or family members, to the fullest extent permitted by law, hereby agrees to indemnify and or hold harmless the Borough of Prospect Oar and all if its agents, directors, officers, employees and volunteers and the physician or hospital treating my child against any and all claims, judgments, demands for damages and expenses, including but not limited to attorneys fees, arising out of by reason of, on account of, in consequence of, or in connection with my child's participation in the program or other participants or any other person (s) to which this application applies.

Parents will be responsible for the conduct of their child while participating on the program and enforce all rules and regulations as required by the Borough Recreation Program. Parent agrees and acknowledges that any violations to the rules and regulations will not be subjected to expulsion from the Summer Camp program and any other Borough's sponsored program.

Parent/Guardian _____ Date: _____

Health History

The information you provide here will be held in the strictest confidence. It will be kept on file in our program health binder or carried by the director or counselor when your child travels with one of our groups. This information will be shared with other key recreation staff only on a "need-to-know" basis. Because this is our first resource in the event of an emergency, it is important that you be as specific as possible.

Child's Doctor's Name: _____ Address: _____

Doctor's Phone (_____) _____ - _____

Medical Insurance Information: Company Poly # _____ Exp. Date: _____

Policy Holder's Name: Last _____ First _____

Allergies & Medical Conditions

Yes No If yes, please describe the severity of the reaction, requested accommodations and what is done to manage them.

You may serve my child food and beverages: Yes No

Medical, Physical or Emotional Conditions (including disabilities) that may affect his/her experience at our program.

Yes No If yes, please provide information to assist us in providing the best camp experience for your child.

Medications (including inhalers)

Yes No If your child must take medication while at camp, please note that here. All medications must be in their original containers and be appropriately labeled. We must have a MEDICATION FORM detailing the medications, doses, and administration instruction for all prescription medications. Please do not give the counselors your child's medication for them to bring to the camp; medications must be received and held by the recreation office.

Immunizations

Is your child up-to-date on all State-required immunizations? Yes No If No, please explain.

What have we forgotten to ask? (For example, does your child have any reactions or special instructions for sunscreen use?) Please provide any other information about your child's health, which has not been asked on this form.

Parent/Guardian Consent and Waiver

I hereby represent that the above information is true and accurate and the named applicant is in good health and has my permission to participate in Camp Hofstra 2020, knowing that the camp will be on an open field, I HEREBY WAIVE AND RELEASE Prospect Park Recreation Department, its agents, counselors, trainers and directors from any and all liability and claims for damages. In the event of an emergency, I hereby give permission to such medical personnel as necessary to render treatment.

Parent/Guardian Signature _____ Date _____