



**Town of Crawford Summer Camp  
2019 CAMPER REGISTRATION PACKET**

**SUBMIT ONE PACKET PER CAMPER**

**Five Weeks Camp Dates: Monday July 1 – Friday August 2**

**CAMP IS CLOSED ON July 4 & 5**

Camp runs weekdays: 9:00am-1:00pm **sharp**

**DO NOT drop off campers before 8:50 am as SUPERVISION CANNOT BE PROVIDED**

In the event of heavy rain/thunderstorms, (or call for such), camp will be hosted at the new

Town of Crawford Senior Community Center. Weather related announcements will be posted as needed

**AFTER 6:15 am [www.townofcrawford.org](http://www.townofcrawford.org)** and on the Town of Crawford Facebook page

**REGISTRATION WILL REMAIN OPEN UNTIL WEDNESDAY; JUNE 26 AT 12pm**

**or when camp capacity is reached, should that happen first**

**Accepting Campers Age 4 Entering Kindergarten this SEPTEMBER– Up to Age 15)**

**MUST have independent bathroom skills.**

Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M / F

The grade your child is **DUE TO ENTER** in **September**: \_\_\_\_\_

Attended the Town of Crawford Summer Camp previously? Yes \_\_\_ No

**Parent / Guardian Name(s)** \_\_\_\_\_

Email address PLEASE PRINT CLEARLY \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

**In the event of an emergency if we are unable to reach you, please provide alternate emergency contact information below:**

1. Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Cell# \_\_\_\_\_ Work or other # \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Cell# \_\_\_\_\_ Work or other # \_\_\_\_\_

**Immunization and Health Information:**

Camper's Name \_\_\_\_\_

**Immunization Form Please check one:**

\_\_\_\_\_ My child's immunizations are up to date. **Enclosed please find copy of immunization form\* which is valid through the camp session dates.**

\_\_\_\_\_ My child is due for additional immunizations between now and the end of the camp session date, **Enclosed please find current immunization form to date.** When immunizations are updated, an adult will **hand-deliver** the updated immunization form to the Camp Medical Director. I understand that The Camp Medical Director will be keeping track of records that are due during the camp session.

**\*I understand that all immunization forms must be validated with a Signature & Date by a Physician or office representative acting as such.** X Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please list any allergies \_\_\_\_\_

-OR- **My child has NO known allergies** \_\_\_\_\_

Does your child need to sit at a peanut-free table during snack time? Y\_\_\_ N\_\_\_

Any other allergy concerns? Please list below, add another sheet if necessary Y\_\_\_ N\_\_\_

**Any other medical concerns?** Please list below, add another sheet if necessary Y\_\_\_ N\_\_\_

**IF YES: A note from physician releasing student to participate in camp activities is required**

- Any concerns regarding your child's health should be discussed in person with the Camp Health Director prior arrival on his/her first day of camp. Please call (845) 744-8230 to make an appointment to meet with our Camp Health Director.
- If your child requires medication during camp hours, you **MUST** send in a note from their physician as well as the medication itself, in a current, original container. Campers who require medication during camp hours **MUST** be able to self-administer. (INCLUDING EPI- pens)
- If you wish to apply sunscreen and/or bug repellent to your child, please do so prior to their arrival at camp. Law prohibits us from applying these lotions.
- Please list any medications your child is taking (and/or medication's possible side effects that Camp Staff should be aware of

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**Authorization**

Camper Name \_\_\_\_\_

I authorize the Town of Crawford staff to administer basic First Aid and/or Emergency Medical Treatment and/or arrange for transport to and treatment at a local medical facility in the event of a medical emergency.

I authorize the Town of Crawford staff to take photographs of my child to be used for the purpose of camp newsletters and or other publications.

I give permission for my child to be transported in the case of organized trips and special events.

If there are any custodial/guardianship restrictions, I will provide a copy of that paperwork along with this application.

I acknowledge permission for my child to attend program.

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

## Resident / Non-Resident Declaration

\_\_\_\_\_ currently resides at:  
Camper Name  
\_\_\_\_\_, N.Y. \_\_\_\_\_  
Full Address Zip Code

In the Town of \_\_\_\_\_  
(Town to which you pay taxes, ex.: Crawford, Mamakating, Montgomery, Shawangunk, Wallkill)

In the County of \_\_\_\_\_  
(Orange, Ulster, Sullivan, Other)

With: \_\_\_\_\_  
Parent or Legal Guardian Name(s)

\_\_\_\_\_  
Parent/ Guardian Name (PLEASE PRINT)

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

### Camp Discipline Policy

Discipline is most effective when it deals directly with the problem at the time and place it occurs, and in a way that campers view as fair and impartial. Counselors and administrative staff are expected to use disciplinary action (in the form of time-out from activities) only when necessary. Disciplinary action should be firm, fair, and consistent so as to be the most effective in changing student behavior. We will always consider the following: The camper's age, nature of the incident and the circumstances that led to it, camper's prior disciplinary record, and the effectiveness of prior discipline (time-outs). As a general rule, discipline will be progressive, meaning camper's first infraction will merit a lighter penalty, (a shorter time-out) than subsequent infractions. Camp counselors are instructed to inform a Director if a camper exhibits violent behavior, bullying or a regular pattern of misbehavior. In such cases, Director will speak with the camper. If the misbehavior continues, the Director will notify parent/guardian to discuss possible options. In the case of extreme violent behavior, we reserve the right to dismiss a camper from the summer program without warning.

- I read and understand the Camp Discipline Policy
- I understand that if there are any legal custodial/guardianship restrictions, I must inform and provide the Camp Director with copies paperwork or legally they cannot be enforced.
- I read, understand, will keep and refer to as needed, the "Town of Crawford Summer Camp Family Information & Guidelines" provided with this application.

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

**Snacks and/or lunches:** Please pack lunches and/or snacks using insulated bags if possible, as we do not have refrigeration onsite. We do our best to keep all lunch bags in a shaded area. Be sure to label all items with your child's name.

**Water:** We encourage campers to drink water often during the session. Please send your child to camp with a **refillable** water bottle. There is a water cooler and water fountain onsite. Staff will stop for regular water breaks and in addition encourage campers to drink water throughout the session whenever they need it. Sugary drinks are **never** advised. Remind your children to hydrate during the camp day.

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**Waiver of Release:**

I acknowledge that by signing this document, I am releasing the Town of Crawford their officials, staff and volunteers from liability. This release form has legal consequences. I have read it carefully before signing. In consideration of the opportunity for my child to attend Summer Camp in the Town of Crawford, I/WE HEREBY RELEASE, DISCHARGE, HOLD HARMLESS, PROMISE NOT TO SUE, SHALL DEFEND AND INDEMNIFY, the Town of Crawford, their officials, staff and volunteers, from any and all rights and claims including arising from the negligence of the released parties, which may be directly or indirectly in connection to my Child's participation at the Town of Crawford Summer Camp. The undersigned agrees that the remainder of this release and indemnity shall remain in full force and effect.

        x          
 Parent/ Guardian Name ( PLEASE PRINT )

        x          
 Parent / Guardian Signature Date

.....  
 We're happy to announce that our Staff & Camper Tee Shirts have been sponsored by our friends at



**Please check one size:**

Youth small \_\_\_\_\_ Youth medium \_\_\_\_\_ Youth large \_\_\_\_\_  
 Adult Small \_\_\_\_\_ Adult medium \_\_\_\_\_ Adult Large \_\_\_\_\_ Adult XL \_\_\_\_\_

Non-Refundable FEES PER-CAMPER

**THESE FEES ARE FOR ALL FIVE WEEKS**

**Town of Crawford Residents FEES FOR THE FIVE WEEK SEASON:**

1<sup>st</sup> Child. \$115. / 2<sup>nd</sup> Child \$90. / 3<sup>rd</sup> Child \$60. / 4<sup>th</sup> Child & addl. \$45.

**Non-Residents: FEES FOR THE FIVE WEEK SEASON:**

1<sup>st</sup> Child \$225. / 2<sup>nd</sup> Child \$170. / 3<sup>rd</sup> Child & add'l \$125.

**Campers with active military parent or legal guardian are eligible for a 10% discount.  
Please attach copy of proof of current active military status**

Enclosed please find:

**CHECK (or M.O.) # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_**

**(Please make payable to Town of Crawford")**

**-OR- CASH in the amount of \$ \_\_\_\_\_**

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**How did you hear about us?**

Campers Attended Previously \_\_\_\_\_

Friends/neighbors \_\_\_\_\_

School Flyer \_\_\_\_\_

Sign/Billboard \_\_\_\_\_

Cable Access Channel 23 \_\_\_\_\_

FACEBOOK \_\_\_\_\_

Town Website \_\_\_\_\_

Other \_\_\_\_\_

# CAMPER SIGN-OUT PERMISSION SLIP

\_\_\_\_\_  
**CAMPER NAME**  
(one camper name only)

\_\_\_\_\_  
**ENTERING GRADE**  
in Sept.

\_\_\_\_\_  
**NAME OF PARENT / GUARDIAN / PRIMARY CARE GIVER**

The following persons, other than parents/guardians have permission to sign my child out Summer Camp .  
**PLEASE REMIND EVERYONE ON THIS LIST THAT PICK UP TIME IS 1:00 PM SHARP**

**PLEASE PRINT:**

1. \_\_\_\_\_ relationship \_\_\_\_\_
2. \_\_\_\_\_ relationship \_\_\_\_\_
3. \_\_\_\_\_ relationship \_\_\_\_\_
4. \_\_\_\_\_ relationship \_\_\_\_\_

\_\_\_\_\_  
**Parent/ Guardian Name (PLEASE PRINT)**

X \_\_\_\_\_  
**Parent / Guardian Signature**

\_\_\_\_\_  
**DATE**

.....  
**(OPTIONAL)** My child has my permission to leave camp on their own each day

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

\_\_\_\_\_  
**Parent/ Guardian Name (PLEASE PRINT)**

X \_\_\_\_\_  
**Parent / Guardian Signature**

\_\_\_\_\_  
**DATE**

The Camp Calendar and Field Trip Information  
will be posted at  
[www.townofcrawford.org](http://www.townofcrawford.org)

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**HOW TO SUBMIT THIS  
CAMPER REGISTRATION PACKET:**

Please submit ONE COMPLETED  
'REGISTRATION PACKET' PER CAMPER

Kindly enclose one check (or money-order) per family  
for camp fees, made payable to 'Town of Crawford'

Kindly mail or deliver packet to:

**Town of Crawford Government Center  
Summer Camp  
121 State Rte. 302  
Pine Bush, NY 12566**