



# Summer Camp / Playground

## Registration Form Irondequoit Recreation Department



FORM MUST BE COMPLETED FULLY IN ORDER TO BE PROCESSED. Please fill out one form per child.

### CAMPER INFORMATION

|                |            |         |               |
|----------------|------------|---------|---------------|
| Last Name      | First Name | Gender  | Date of Birth |
| Entering Grade | Age        | Address | City / State  |
| Zip            |            |         |               |

### DAYCAMP / PLAYGROUND OPTIONS — Place a checkmark in the week(s) and site

| Camp Dates                    | ★ Eligible for Before & After Care ★ |                   |                 |                               | Before Care Eastman 8–9 AM | After Care Eastman 3:30–5:30 PM | Woodcraft (Gr. 6–8) | Kinder Camp | Colebrook PG | Rogers PG | Ivan Green PG |
|-------------------------------|--------------------------------------|-------------------|-----------------|-------------------------------|----------------------------|---------------------------------|---------------------|-------------|--------------|-----------|---------------|
|                               | Guppies (Gr. 1)                      | Sunnies (Gr. 2–3) | Pikes (Gr. 4–5) | Community Discovery (Gr. 3–7) |                            |                                 |                     |             |              |           |               |
| <b>Wk 1</b><br>June 29–July 2 |                                      |                   |                 | N/A                           |                            |                                 |                     |             |              |           |               |
| <b>Wk 2</b><br>July 6–10      |                                      |                   |                 |                               |                            |                                 |                     |             |              |           |               |
| <b>Wk 3</b><br>July 13–17     |                                      |                   |                 |                               |                            |                                 |                     |             |              |           |               |
| <b>Wk 4</b><br>July 20–24     |                                      |                   |                 |                               |                            |                                 |                     |             |              |           |               |
| <b>Wk 5</b><br>July 27–31     |                                      |                   |                 |                               |                            |                                 |                     |             |              |           |               |
| <b>Wk 6</b><br>Aug 3–7        |                                      |                   |                 | N/A                           |                            |                                 |                     |             |              |           |               |
| <b>Wk 7</b><br>Aug 10–14      |                                      |                   |                 | N/A                           |                            |                                 |                     |             |              |           |               |

### MEDICAL INFORMATION

Additional Notes for Staff:

Immunizations — enter Month / Day / Year for each

MMR

Hep B

DPT

Chicken Pox / Varicella

HIB

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Allergic to:

Medication:

Medical or developmental conditions requiring attention while at camp:

### PARENT / GUARDIAN INFORMATION

Parent / Guardian 1

Name

Relation to Camper

Address

Daytime Phone

Other Phone

Authorized to Pick Up? Y ■ N ■

Parent / Guardian 2

Name

Relation to Camper

Address

Daytime Phone

Other Phone

Authorized to Pick Up? Y ■ N ■

### ASSUMPTION OF RISK, WAIVER, RELEASE & INDEMNIFICATION

I understand and agree on my own behalf (or on behalf of my child, if applicable) that participating in the activity described above involves a risk of injury and hereby acknowledge that I (or my child) do so voluntarily and at my own risk. I hereby waive all rights to sue the Town of Irondequoit and its departments, officers, and employees for any reason in connection with the Activity, including the Town's negligence. I hereby release, indemnify, and hold harmless the Town from all claims, responsibility or liability arising in connection with the Activity. I certify that I am (or my child is) in good health, that there are no limitations which may predispose me to risk during the Activity, and that if injured I must provide proper hospitalization. The Town does not provide accident insurance coverage and I am solely responsible for any medical care received. Photos of participants may be used in future brochures, websites, social media, or news releases.

Signature of Parent / Guardian

Date