

Summer Sports Camp



**2020
Registration**

Ages: 9, 10, 11, & 12

Camp is located at:

**Draper Middle School
2070 Curry Rd.
Rotterdam, NY 12303**





**TOWN OF ROTTERDAM
Recreation Department
2639 Hamburg Street
Rotterdam, NY 12303**

**PHONE: (518) 356-1561
FAX: (518) 280-3944**

Dear Parent/Guardian:

Welcome to the Town of Rotterdam's Recreation Department Summer Sports Camp. We are very excited to build on last year's successful camp and ask that you please read the following and provide the necessary information and return to us by **June 19, 2020.**

Please note that we require a copy of your child's immunization records for MMR, DPT, Oral Polio, Influenza Type B, Hepatitis B and Varicella (Chicken Pox). You may obtain this information from your physician.

The Sports Camp offers a variety of team sports and games with an emphasis on our staff's interaction with the camp participants to ensure your child has a full day of structured activities.

If you have any questions, please feel free to call 356-1561. I hope that you and your child enjoy the program.

Paula Diamante
Program Coordinator

2020 Summer Sports Camp Registration Form

PLEASE RETURN FORMS WITH PAYMENT BY JUNE 19, 2020

Please check boxes for the session that your child will attend.

9 – 12 years old			
	6 Weeks	July 6 – August 14	\$360.00
	5 Weeks	Specify Weeks	\$325.00
	4 Weeks	Specify Weeks	\$280.00
	3 Weeks	Specify Weeks	\$225.00
	1 or 2 weeks	Specify Weeks	\$80.00 / week

**Please make checks payable to "Town of Rotterdam"
No refunds after June 26, 2020**

CHECK # _____

NAME ON CHECK _____

CASH AMT. \$ _____

Child's Name _____ Male Female

Child's Address: _____ D.O.B.: _____ Age: _____

_____ Grade Level as of September 2020 _____

Parent/Guardian Name: _____

Parent/Guardian Address: _____

Home: _____ Work: _____ Cell: _____

In case of an emergency:

Name: _____ Phone: _____

Family Physician: _____ Phone: _____

Other information that may help our instructors to get to know more about your child (only sibling, trouble listening, etc.)

Ethnicity: (Optional)

___ White ___ Black/African American ___ Hispanic/Latino ___ American Indian/Alaskan Native

___ Asian ___ Native Hawaiian/Pacific Islander ___ 2+ Races

I understand there is inherent danger in all physical activities and that individual health and accident insurance coverage is solely my responsibility. The undersigned does waive and release all claims for damages against the Town of Rotterdam and its employees for any injuries incurred as a result of activities at the Town of Rotterdam Summer Sports Camp. I further understand and agree to hold harmless the Town and/or its agents for any injuries that may occur to my minor child/children that result from activities at the Town of Rotterdam Summer Sports Camp.

Signature _____ Date _____
Parent or Guardian



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Dear Parent/Guardian:

Please indicate below who is **authorized to pick up** your child/children. This is required per the sports camp operational guidelines and procedures. Your child is to be picked up daily at his/her classroom. There will be a sign out sheet that must be signed in order for the camp to have a record of who picked up your child in case a situation arises.

_____ is/are authorized to pick up my child.

Parent/Guardian Signature

Date

If you are allowing your child to attend camp and/or leave camp on their own, please provide this information in writing.



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Dear Parent/Guardian:

We would like to take **pictures** during the course of the summer program, but we need your permission in order to do so. Please circle your choice below and be sure to write in your child's name so we can add it to his/her file.

My Child _____ **can or cannot** have his/her picture taken.
(Please circle one)

Parent/Guardian Signature

Date

MEDICAL FORM

As a summer camp we are required to follow procedures requested by the New York State Health Dept. Please complete this form and also note that **we require a copy of your child's immunization records which may be obtained from your physician.**

Name _____

Address _____ Date of Birth _____

Family Physician _____ Phone _____

Emergency Contact: (Please list two contacts in the event the first can't be reached)

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

Allergies: (Include drug and food allergies) _____

Reactions to Allergies: _____

Medications being taken: (Include epi-pen) _____

Health problems and any important medical information: _____

Insurance carrier: _____ Insurance ID# _____

MEDICAL RELEASE: I _____, am the parent/legal guardian of _____, a minor. In the event all reasonable attempts by personnel to contact me at _____ have been unsuccessful, I give consent for:

- 1. The administration of any treatment deemed necessary by a physician, registered nurse or licensed paramedic, and**
- 2. The transfer of the minor to _____ hospital or any hospital reasonably accessible.**

The authorization does not cover major surgery unless the medical opinions of two licensed physicians concurring in the necessity for such surgery are obtained prior to the performance of such surgery. Any hospital or practitioner not having access to the minor's medical history will need the above information.

Signature _____ Date _____

Electronic Devices

**ARE NOT
allowed at camp**

**Sneakers
are mandatory**

**(We play sports and sneakers
provide protection & stability
for the children)**