

# TOWN OF PLATTEKILL

## Summer Recreation

PLEASE PRINT, FILL IN ALL SECTIONS THAT APPLY

CHILD'S NAME AGE DATE OF BIRTH

PARENT/GUARDIAN NAME

ADDRESS

HOME PHONE CELL PHONE

**EMERGENCY CONTACTS:**

NAME RELATIONSHIP PHONE NUMBERS

**IMMUNIZATIONS: PLEASE ATTACH A CURRENT COPY OF IMMUNIZATION RECORD**

**ALLERGIES:** Please list any allergies below:

**MEDICATIONS:** Please list any medications taken within the last 6 months and the reason below. **PLEASE NOTE:** Any child who takes medication during the school year will be expected to continue to take the medication during the Summer Recreation Program.

**SUMMER DAY CAMP RULES TO PARENTS (please read carefully):**

I certify that my child is in good physical health and can participate in physical activities. I hereby give my permission for my child to attend the Plattekill Summer Day Camp, its trips and swimming program. I give permission for my child to be treated by the physician/emergency room on call for the day camp. I agree that my child will abide by the rules and regulations of the day camp and I will take full responsibility for the behavior and actions of my child while attending the day camp. I understand that my child will be **DISMISSED** from the program **AND TUITION WILL NOT BE REFUNDED** for unacceptable or unsafe behavior.

Parent/Guardian Signature Print Name

Date

P.O. BOX 45, 1915 RTE 44-55, MODENA, NY 12548  
(845) 883-7331 FAX (845) 883-7207