

# TOWN OF PLATTEKILL

## Summer Recreation Camp

PLEASE PRINT, FILL IN ALL SECTIONS THAT APPLY

CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

PHONE NUMBER \_\_\_\_\_ SECONDARY PHONE NUMBER \_\_\_\_\_

### EMERGENCY CONTACTS

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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 Plattekill Summer Day Camp, it's 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 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 behavior, bullying, or unsafe behavior.**

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Print Name \_\_\_\_\_

\_\_\_\_\_  
Date

# TOWN OF PLATTEKILL

## Summer Recreation Camp

### Town of Plattekill Summer Camp '23 Social Media Policy

Please read the following paragraph and sign & initial your choice.

Summer Camp Social Media Policy – As the parent/legal guardian of your camper/campers, you have a right to approve or deny pictures of your child to be allowed on our social media pages. The recreation director will post on both Facebook pages on a daily/weekly basis.

I, \_\_\_\_\_ Parent/guardian of:  
(adult name)

\_\_\_\_\_  
(campers name)

\_\_\_\_\_  
(campers name)

\_\_\_\_\_  
(campers name)

\_\_\_\_\_  
(campers name)

YES \_\_\_\_\_ = allowed pictures of the above named camper  
(initial)

NO \_\_\_\_\_ = will NOT allow pictures on social media.  
(initial)

**\*\*Please note if you deny, we will try not to keep your camper/campers from any activity, just from being in the picture(s). Please be aware that we may include them in the picture, but we will edit it so that their identity is protected. This is done so that we don't exclude them, or so they do not feel left out!**

\_\_\_\_\_  
(Adult Signature)

\_\_\_\_\_  
(Date)