

TOWN OF HOOSICK



SUMMER CAMP APPLICATION



TOWN OF HOOSICK CAMP REGISTRATION FORM 2021

Any registration forms received that are not signed OR WITHOUT immunization forms, registration fee (s) and appropriate signatures will be returned as incomplete. Please do not have immunization records faxed to this office.

PLEASE NOTE: We cannot hold incomplete registration packets.

CAMPER'S INFORMATION: (Must be entering Kindergarten in Sept. 2021)

First Name: _____ Last Name: _____ Date of Birth: _____
Street: _____ City: _____ State: _____ Zip: _____

Gender: M F Age: _____ Entering Grade for 2021-2022: _____

PARENT/GUARDIAN CONTACT: DO NOT list parent if he/she is not authorized to pick up child.

Do you have a custodial agreement? Yes No

Parent 1:

First Name: _____ Last Name: _____ Date of Birth: _____
Street: _____ City: _____ State: _____ Zip: _____
Daytime Phone: _____ Cell Phone: _____ Email: _____

Parent 2:

First Name: _____ Last Name: _____ Date of Birth: _____
Street: _____ City: _____ State: _____ Zip: _____
Daytime Phone: _____ Cell Phone: _____ Email: _____

AUTHORIZED PICK UP & EMERGENCY CONTACTS (other than parent/guardian)

Please provide names and numbers of ONLY THOSE PEOPLE AVAILABLE during camp hours.

****ONLY those listed under parent/guardian contact have authority to change authorized pick-ups. ****

Emergency Contact 1:

Name: _____ Relationship to Child: _____
Daytime Phone: _____ Cell Phone: _____

Emergency Contact 2:

Name: _____ Relationship to Child: _____
Daytime Phone: _____ Cell Phone: _____

CHILD'S MEDICAL INFORMATION

Insurance Group Name: _____ Insurance ID Number: _____
Physician's Name: _____ Phone: _____

TOWN OF HOOSICK CAMP REGISTRATION FORM 2021

For Office Use Only	
Number of Weeks:	
Registration Number:	

Week (s) Attending	WEEK	DATES	THEME	PRICE \$115/Week
🍏	Week 1	July 5-9	SLIPPIN' INTO SUMMER	
🍏	Week 2	July 12-16	DISNEY WEEK	
🍏	Week 3	July 19-23	SPORTS WEEK	
🍏	Week 4	July 26-30	STEM week (science, technology, engineering and mathematics)	
🍏	Week 5	August 2-6	HEROES WEEK	
🍏	Week 6	August 9-13	A WEEK AT THE OLYMPICS	
🍏	Week 7	August 16-20	SHOW YOUR SPIRIT WEEK	
Total				

AM & PM Care will be offered for an additional \$25 a week (AM – 7:30 – 8:00am, PM – 4:30 – 5:00 pm).
Please check which week (s) you would like your camper to participate in:

WEEK	AM CARE	PM CARE	PRICE: \$25/week
Week 1	🍏	🍏	
Week 2	🍏	🍏	
Week 3	🍏	🍏	
Week 4	🍏	🍏	
Week 5	🍏	🍏	
Week 6	🍏	🍏	
Week 7	🍏	🍏	
Total			

Combined Total: _____

Please make payment out to Town of Hoosick. Full payment for all weeks selected is due with application. Please contact the Town Clerk at (518) 686-4571 with any questions.

PLEASE READ THE FOLLOWING CAREFULLY. BY SIGNING BELOW, YOU AGREE TO THE FOLLOWING WAIVER

I hereby grant permission for my child to participate in the Town of Hoosick Camp full-day summer camp and acknowledge all rules, regulations and directives of the program. I have received the Parent Handbook and will familiarize myself with the program guidelines _____(Please Initial).

I assume, for and on behalf of my child, all risks and hazards incidental to such participation. I also recognize the difficulties and challenges involved in the outdoor, sports programs and camps. And that my child is sufficiently physically and psychologically fit to participate and has not been advised otherwise by a physician. Although the Town of Hoosick endeavors to provide nut free programs, I understand that the Town cannot guarantee that the program or the premises in which it is held is totally free of exposure to nuts and nut products.

I agree to indemnify and hold harmless the Town of Hoosick, its employees and personnel from any and all claims, cause of action, liability for injuries or damages which may arise as a result of participating in this program and its trips and activities, including, but not limited to, reasonable attorney's fees and the cost and disbursements of any legal actions. I do hereby waive, relinquish, release, discharge, and hold harmless from any and all liability, for any physical or mental injury or aggravation of any pre-existing illness, handicap, and death, loss of enjoyment, or any other harm or loss of nature which may be sustained by my child while participating in the program. The scope of this agreement extends to any actions taken by the Town of Hoosick, its employees, personnel, volunteers, and the instructor of any class or activity in responding to any emergency and/or medical situation or event. I further agree that they may act in an emergency as best fits the situation in the event either myself or emergency contact cannot be timely reached.

Parent/Guardian Signature: _____ **Date:** _____

SPECIAL ACCOMMODATIONS: Please briefly describe any special accommodations your child may need to participate and someone will contact you. Use a separate sheet if necessary. _____

MEDICAL INFORMATION: Please describe any **allergies, medical condition, or other conditions, such as behavioral or anxiety disorders** of which counselors should be made aware of. Use a separate sheet if necessary. _____

PERSONAL INFORMATION: Please describe any personal situations that we need to be aware of, such as a restraining order, problems with other children, etc. Use a separate sheet if necessary. _____

FINANCIAL AGREEMENT

I understand that I must select the weeks that my child will be attending the program. I agree to pay the Town of Hoosick all weekly fees in full at the time of registration. I understand and agree that I am responsible for a late fee of \$5.00 per child for every five minutes I am late picking up my child(ren).

I agree to pay a \$20 service charge for all returned checks.

Parent/Guardian Signature: _____ Date: _____

SUNSCREEN PERMISSION

Just a few serious sunburns can increase a child's risk of skin cancer later in life. It only takes 15 minutes of exposure of the sun's UV rays to damage the skin. Since children in Camp Hoosick regularly participate in outdoor and water related recreational activities, we strongly recommend adherence to the sunscreen policy.

1. All campers should wear sunscreen with a SPF of at least 15 (or greater) on all exposed skin daily.
2. Parent or legal guardian is responsible for applying the first layer of sunscreen prior to drop-off to the program each morning.
3. Parent or legal guardian will be responsible for providing their children with enough sunscreen (in a sealed container) to take with them for later day applications. One container per child with his/her name clearly indicated on the bottle. Children will not be allowed to use any other product or share. Only over-the-counter sunscreens are accepted.
4. Children will need to be instructed by parent or guardian on how and where to apply the sunscreen.
5. Camp staff will routinely remind campers to apply their sunscreen and make it available for use.
6. Day camp staff will be responsible for ensuring thorough follow-up applications after one hour in water, after two hours of activity in the sun and/or any other time as needed. This may mean that camp staff will need to assist in the application of the sunscreen in the case the camper is not able.
7. Should camp staff need to apply sunscreen, it will be done in the following manner:
 - Staff will confirm that parental permission form has been signed.
 - Staff will use camper's sunscreen.
 - Staff will apply sunscreen to children's exposed areas only (except head and face).
 - Staff will do this in the presence of others and will not apply sunscreen to any area that a bathing suit covers.

I verify that I have read and understand and agree to comply with the Hoosick Summer Camp Sunscreen Policy.

Parent/Guardian Signature: _____ Date: _____

YES, camp staff may apply sunscreen to my child: _____

TRIP PERMISSION

I give my child permission to participate in Town of Hoosick trips.

Parent/Guardian Signature: _____ Date: _____

TICK AND INSECT REPELLANT PERMISSION

1. Parent or legal guardian is responsible for applying the first layer of insect repellent prior to drop –off to the program each morning.
2. Parents or legal guardians will be responsible for providing their children with enough insect repellent (in a sealed container) to take with them for later day applications. One container per child with his/her name clearly indicated on the bottle. Children will not be allowed to use any other product or share. Only over-the-counter insect repellents are accepted.
3. Children will need to be instructed by parent or guardian on how and where to apply the insect repellent
4. Camp staff will routinely remind campers to apply their insect repellent and make it available for use.
5. Should camp staff need to apply insect repellent, it will be done in the following manner:
 - Staff will confirm that parental permission for has been signed
 - Staff will use camper’s insect repellent

I verify that I have read and understood and agree to comply with the Town of Hoosick Summer Camp Tick and Insect Repellent policy.

Parent/Guardian Signature _____ **Date:** _____

Yes, camp staff may apply tick and insect repellent to my child _____

COVID-19 AGREEMENT

Daily health screening of Town of Hoosick Camp employees, campers, and visitors, such as contractors or vendors:

- Screening will be coordinated to prevent individuals from intermingling in close or proximate contact with each other prior to completion of the screening.
- Screening will include a questionnaire that determines whether the individual has:
 1. Knowingly been in close or proximate contact or resides with someone who in the past 14 days with anyone who has tested positive for COVID-19 or who has or had symptoms of COVID-19;
 2. Tested positive for COVID-19 in the past 14 days; and/or has experienced any symptoms of COVID-19 in the past 14 days:

a) Fever or chills	g) New loss of taste or smell
b) Cough	h) Sore throat
c) Shortness of breath or difficulty breathing	i) Congestion or runny nose
d) Fatigue	j) Nausea or vomiting
e) Muscle or body aches	k) Diarrhea
f) Headache	
- Screening will include a non-touch temperature reading.

Anyone that answers yes to any of the screening questions or has a temperature reading of 100.4 degrees Fahrenheit or higher will not be allowed to enter the facility and will be sent home with instructions to contact their healthcare provider for assessment and testing and must have a doctor's note clearing the child to return to camp.

Responsible parties must immediately notify the state and local health department about the case if test results are positive for COVID-19.

During the camp day children who develop COVID-19 symptoms will be immediately separated from other children or campers and supervised until their parent/guardian or emergency contact can retrieve them from the program facility or area.

In the event that a parent/guardian of a camper in the day camp program must be isolated because they have tested positive for, or exhibited symptoms of, COVID-19, responsible parties must advise the parent/guardian that they cannot enter the site for any reason, including picking up their child.

- If the parent/guardian – who is a member of the same household as the camper – is exhibiting signs of COVID-19 or has been tested and is positive for the virus, responsible parties must utilize an alternate parent/guardian or emergency contact authorized by the parent to come pick up the child. As a “close contact,” the camper must not return to the day camp for the duration of the quarantine.
- If the parent/guardian – who is a member of the same household as the camper – is being quarantined as a precautionary measure, without symptoms or a positive test, day camp staff should walk out or deliver the camper to the parent/guardian at the boundary of, or outside, the premises. As a “contact of a contact,” the camper may return to the day camp during the duration of the parent/guardian's quarantine period unless otherwise restricted by the County Department of Health.
- If a camper or their household member becomes symptomatic for COVID-19 and/or tests positive for COVID-19, the child must quarantine and may not return or attend the day camp program until after the applicable quarantine period is complete.

Parent/Guardian Signature _____ Date: _____

MEDICATION AUTHORIZATION FOR THE USE OF EPIPENS PERMISSION OR INHALERS

This form is to be filled out ONLY if your child needs to carry an EpiPen or an inhaler and must be completed by your child's physician.

Camp Hoosick is a day camp and Hoosick staff is not allowed to dispense medication. The Department of Health regulations prohibit the administration of medicine, including but not limited to Benadryl, Tylenol, Aspirin, Advil, or Motrin by an unlicensed individual. The two exceptions are asthma inhalers and EpiPens with camp personnel are permitted to **assist** in administering. This form is for permission to carry ONLY EpiPens and/or inhalers. No other medication can be brought to camp.

***It is important that your child is educated about the signs and treatment of anaphylaxis as this knowledge will significantly improve the safety of your child. You are required to bring your child into the Department of Parks, Recreation and Human Services office to either; demonstrate that they can self-administer the EpiPen and/or inhaler or, if they are too young, to demonstrate that they can tell people around them about their allergy and what they can do in the event of an emergency (for example, notify their counselor of an exposure, any trouble breathing, etc). This is required before Thursday, June 24, 2021 or your child may not be allowed to attend camp.**

THE FOLLOWING SECTION MUST BE COMPLETED AND SIGNED BY PARENT/GUARDIAN:

Physician's Information Name: _____

Address: _____

Phone Number: _____

My child HAS HAS NOT been trained to self-administer their EpiPen.

EXPIRATION DATE OF MEDICATION: _____

I have read and agree to the medical authorization above:

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

THE FOLLOWING MUST BE COMPLETED BY THE PHYSICIAN

Diagnosis for which EpiPen and/or inhaler is given: _____

Name of Medication: _____

Form: _____ Dose: _____

If EpiPen and/or inhaler is to be given "WHEN NEEDED" describe indications _____

How soon can medication be repeated? _____

Has child been trained to self-administer? _____

List significant side effects: _____

Physician Signature: _____ Date: _____