



TOWN OF WILLSBORO

PARKS DEPARTMENT

Willsboro-Essex Summer Camp Program at Noblewood

<i>For the Town of Willsboro use only \$50 per child</i>	
Received by:	Date
Cash <input type="checkbox"/>	Check <input type="checkbox"/>

CAMPER REGISTRATION

Participant's Name: _____
First
MI
Last

Age: _____ Date of Birth: _____ Gender: (circle one) Female Male

Address: _____
Street
City
Zip Code

School: _____ Entering Grade: _____

Guardian(1): _____
First
MI
Last

Phone: _____
Cell
Work
Home

Email: _____

Guardian(2): _____
First
MI
Last

Phone: _____
Cell
Work
Home

Email: _____

I give permission for my child to be photographed or video recorded. It is understood the photos or videos may be used for slideshows, articles, scrapbooks, and social media, etc. in relation to the Town of Willsboro's Summer Camp Program.

Parent/Guardian Signature _____



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**Willsboro-Essex Summer Camp Program at Noblewood
Health Information**

Medical insurance is REQUIRED for all camp participants. I confirm that the participant has medical insurance.

Company:

Policy Number:

****NO Medication can be sent with your child. Medication must be given prior to camp. The only exception is an EPI-PEN****

Immunization Records

You must attach a copy of your child's shot record. We do not have consistent access to school records. You can get a copy from your child's school nurse prior to the end of the school year, or you can obtain a copy from your family physician. The Willsboro-Essex Summer Program does not have permission to request these records from a school or physician.

Health Information: (Please check yes or no) List and use the space below to explain.

YES <input type="checkbox"/>	NO <input type="checkbox"/>	Allergies:
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Asthma
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Diabetes
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Dietary Restrictions:
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Down Syndrome
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Emotional/Behavioral Disorder
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Epilepsy
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Hearing/Visual Impairment:
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Tetanus Taxoid

Please list any other health information not listed, or provide more details to the list above:

****NO Medication can be sent with your child. Medication must be given prior to camp. The only exception is an EPI-PEN****



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In Case of Emergency

Emergency Contact & Release

List below whom we should contact in the event you (parents/guardians) cannot be reached during an illness or emergency. Contact needs to be at least 16 years old.

Emergency Contact (1): _____
First I Last

Phone: _____
Cell Work Home

Email: _____

Relationship to participant: _____

Does this person have permission to make health related decisions for your child? YES NO

Emergency Contact (2): _____
First I Last

Phone: _____
Cell Work Home

Email: _____

Relationship to participant: _____

Does this person have permission to make health related decisions for your child? YES NO

In an Emergency Situation

I understand that every effort will be made to contact parents/guardians of a child. In the event I cannot be reached, I hereby give my permission to the physician selected by the Program's Director to secure treatment, hospitalization if necessary, and to order injections, medication, anesthesia, and/or surgery for my child.

Parent/Guardian Print Sign Date



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Sunscreen & Bug Spray Authorization

Chapter 242 amended NYS Public Health Law permitting a child to possess and use sunscreen at camp when all the following apply:

- (1) It is used to protect against overexposure to the sun
(2) It is approved by the FDA for over the counter use
(3) The parent or guardian provides written permission for the child to carry and use sunscreen

Please complete and sign this form if you would like your child to carry, use and/or would like assistance applying sunscreen and/or bug spray while they are at Camp.

Child's Name: _____

Sunscreen Permission:

I consent to have my child carry and use sunscreen and/or bug spray she/he has brought to camp, which is FDA approved for over the counter use.

Parent/Guardian Print Sign Date

I consent to have a day camp member assist with the application of sunscreen and/or bug spray when my child is unable to do so, or if my child requests assistance. (Spray sunscreen/bug spray only)

Parent/Guardian Print Sign Date



TOWN OF WILLSBORO
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Willsboro-Essex Summer Camp Program at Noblewood
Camper Pick-Up Authorization and Camp Acknowledgment Agreement

Camper Pick-Up Authorization

Please take this opportunity to let us know who has permission to pick up your child from camp. This list should include carpool groups, babysitters, and any other parents, relatives or friends who are permitted to pick-up your child. No camper will be released to anyone except the following list under any circumstances. The individuals picking up campers should be aware that our staff may ask for photo identification at the time of pick-up.

If any changes need to be made to this list on short notice, please contact the camp office as soon as possible : 518-963-4482. Any permanent changes will need to be provided in writing to the Camp Director.

Table with 3 columns: Full Name, Relationship, Phone. Includes four horizontal lines for data entry.

Acknowledgment Agreement

By Signing below, I acknowledge that I have read and understand all camp policies and procedures listed in the Willsboro-Essex Summer Camp Program Camper Handbook. I hereby waive all claims against the Town of Willsboro, now, known or arising in the future relating to my child's participation in the Willsboro-Essex Summer Camp Program at Noblewood.

THIS FORM MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC

Parent/Guardian Print Signature Date

Notary Public Signature Notary Stamp Date



TOWN OF WILLSBORO
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Willsboro-Essex Summer Camp Program at Noblewood

SCHOLARSHIP APPLICATION

This Scholarship was established to help families that would like to send their child or children to Willsboro-Essex Summer Camp Program at Noblewood.

Name of Applicant: _____

Name of Child: _____

Address: _____

Phone: _____

Email: _____

Did the combined income of the owners and/or spouses who reside on the property exceed \$35,000.00 in the 2018 income tax year?

YES

NO

If YES, then you are NOT eligible for Scholarship.

Signature of Applicant

Date

Please mail or email signed applications to
Justin Drinkwine
5 Farrell Road
Willsboro, NY 12996
parksandrec@townofwillsborony.gov