

Town of Bedford Recreation and Parks Department

DC: 292401,501,601/Ext: 292000

TT: 291401,501,601

| | |
|--|---|
| <input type="checkbox"/> DAY CAMP: T-Shirt Size: <input type="radio"/> Youth <input type="radio"/> Adult <div style="text-align: center; margin-top: 5px;"> <input type="radio"/> S <input type="radio"/> M <input type="radio"/> L <input type="radio"/> XL </div> | <input type="checkbox"/> TINY TOTS: Entering K in fall? <input type="radio"/> Yes <input type="radio"/> No List names of kids to place your child with: |
|--|---|

HAMLET: **Bedford Village** **Bedford Hills** **Katonah**

Session: **Full Camp** **Session I** **Session II**

Extended Day: **Full Camp** **Session I** **Session II**

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|----------------|---------|-------------------------|-----------------|--------|
| Date of Birth: | Gender: | Grade entering in Sept: | Name of School: | EMAIL: |
|----------------|---------|-------------------------|-----------------|--------|

| | |
|-----------------------------|--------------|
| Camper's Full Name | Home Phone # |
| Address (street, city, zip) | |

| | | |
|-----------------|---------|-------|
| Parent/Guardian | Phone # | Alt # |
| Second Contact | Phone # | Alt # |
| Third Contact | Phone # | Alt # |

| | |
|-------------------------------|----------|
| Doctor's Name: | Phone #: |
| HOSPITALIZATION INSURANCE CO: | ID #: |

MEDICAL NEEDS / CONCERNS

| | | | |
|--|---|--|----|
| List any known allergies: | Will your child need to have/take any medication at camp (ex: Benadryl/ Epi Pen/Inhaler)? | Yes** | No |
| Is your child taking any prescription medicine? | Yes No | ** Any camper needing to take/have medication during camp must submit a <u>Medical Release Form</u> to the Camp Director on the first day your child attends camp. | |
| If yes, list medication: | | Reason for medication: | |
| Please list any medical or behavioral concerns that will assist our staff in properly caring for your child: | | | |

IMMUNIZATION RECORDS (exact dates i.e. 4/6/15) Doctor signed copy must also accompany registration

| | | | |
|-----------------------------|----|----|--|
| Measles/Mumps/Rubella (MMR) | 1) | 2) | |
| Varicella (Chickenpox) | 1) | 2) | |

General Release: The undersigned hereby releases the town of Bedford, its Town Board, Recreation & Parks Department, employees and volunteers thereof of any responsibilities should an accident or injury occur to the above named participant as a result of participation in the Bedford Day Camp/Bedford Tiny Tot program. In the event of injury/illness, if I cannot be reached, I give permission for my child to be taken for evaluation & treatment at a hospital for needed care. I also give permission for my child to participate in all camp activities: swim at the town pool; participate in out-of-camp trips that may include aquatic amusement activities and swimming; be taken by bus to the rain location, trips & the Day Camp Carnival; have photos taken during events & permission for the department to use them, unless I notify them in writing; carry sunscreen that is FDA approved for OTC use. I understand that once camp starts there is no refund for any reason except a medical one.

Parent/ Guardian Signature: **Date:**

The name above agrees to all releases and information above

All camps are permitted to operate and are inspected by Westchester Dept. of Health. All inspection reports are on file at the W.C. Health Department, 25 Moore Ave., Mt Kisco, NY 10549

425 Cherry Street, Bedford Hills, NY 10507 (914) 666-7004 ~ Recreation@BedfordNY.gov