

TOWN OF SAUGERTIES SUMMER RECREATION PROGRAM

REGISTRATION FORM

Please Print:

Check here if attended rec last year! ☐

Participant's Name: _____ Phone #: _____ Cell #: _____

Please indicate if your child will be attending: **Full Day (9am - 3pm)** _____ or **Half Day (9am - 12pm)** _____

Age: _____ DOB: ____/____/____ Last School Grade Completed: _____ Check One: Male _____ Female _____

Name of School Child Attends _____

Ethnicity (check one): White _____ Black _____ Hispanic _____ Am. Indian _____ Asian _____ Other _____

Address: _____

E-Mail Address: _____

Emergency Contact: _____ Phone #: _____ Cell #: _____

Parent/Guardian Name: (Print) _____ Signature: _____

*****COMPLETED MEDICAL FORM MUST BE on file before child may participate in the program. The immunization documentations MUST BE filled out COMPLETELY. Medical forms may be obtained at the TOWN CLERKS OFFICE and the KIWANIS ICE ARENA.**

PLEASE BRING COMPLETED MEDICAL FORM WITH YOU ON THE FIRST DAY OF CAMP OR ATTACH THE MEDICAL FORM TO THE REGISTRATION FORM WHEN MAILED BEFORE CAMP BEGINS (allow 3 days for delivery).

Pre-Registration: Full Day

Pre-Registration:	1 Child	2 Children	3 Children	4+ Children
Rate:	\$695	\$1,255	\$1,815	\$2,270

Pre-Registration: Half Day

Pre-Registration:	1 Child	2 Children	3 Children	4+ Children
Rate:	\$430	\$790	\$1,125	\$1,480

On-Site Registration: Full Day

Pre-Registration:	1 Child	2 Children	3 Children	4+ Children
Rate:	\$785	\$1,405	\$2,035	\$2,560

On-Site Registration: Half Day

Pre-Registration:	1 Child	2 Children	3 Children	4+ Children
Rate:	\$465	\$870	\$1,240	\$1,625

Bring completed registration form **WITH PAYMENT** to: The Kiwanis Ice Arena, 6 Small World Avenue, Saugerties or **mail** completed registration form **WITH PAYMENT** to Saugerties Summer Recreation Program, 4 High Street, Saugerties, NY. 12477.

******* Make checks payable to Town Of Saugerties *******

Saugerties Summer Recreation Photo/Video Release

I hereby give permission for images of my child, captured during regular and special activities, through video, camera, and digital camera, to be used solely for the purposes of Saugerties Summer Recreation promotional material publications and websites and waive any rights of compensation or ownership thereto. Last names of minors will not be given or posted on the internet or website.

Name of Minor: _____

Name of Parent/Guardian: _____

Signature: _____

Date: _____

Saugerties Summer Recreation Walking Field Trip Release

Saugerties Summer Recreation would like to take walking field trips occasionally to various places in the community. These could include but are not limited to: Seamon's Park, Mickey's Igloo 3, the Orpheum Theater, Saugerties High School, and/or a walk to view the Horses around the village.

You will be notified a few days prior to any of these types of trips so you can plan. Please sign below giving permission for your camper to attend these types of trips. Thank you for your support and cooperation.

Name of Minor: _____

Name of Parent/Guardian: _____

Signature: _____

Date: _____