

PAGE 1: CAMPER INFORMATION

NON-RESIDENTS CANNOT REGISTER UNTIL AFTER MARCH 1, 2018

CAMPER NAME:	
SPECIFIC NEEDS & ALLERGIES	
CHECK ONE:	0 NON-RESIDENT 0 RESIDENT ID CARD VALID # _____ 0 Expiration Date ____/____/____
AGE IN YEARS & MONTHS AS OF JUNE 25, 2018	YEARS: _____ MONTHS: _____ CHILD MUST BE ATLEAST 6 YEARS OF AGE BY THE FIRST DAY OF CAMP (6/25/2018). CHILD MUST BE A MAXIMUM OF 12 YEARS OF AGE ON THE LAST DAY OF CAMP (8/3/2018). DATE OF BIRTHDAY MUST BE BETWEEN 08/04/2005 – 06/25/2012.
Date of Birth	Month: _____ Date: _____ Year: _____
Gender	
Home Address	
Phone Number	
Health Insurance	Policy/Group: _____ Policy/Group Number: _____

PARENT #1 - PRIMARY PARENT OR GUARDIAN TO CALL DURING THE DAY

NAME:	FIRST: _____ LAST: _____
RELATIONSHIP:	PERMISSION TO PICK UP(CIRCLE) YES NO
PHONE #	CELL PHONE #: _____ - _____ - _____ HOME PHONE#: _____ - _____ - _____ WORK #: _____ - _____ - _____ OTHER PHONE# #: _____ - _____ - _____
Email Address:	
Name of Work	

PARENT #2 - WILL BE CALLED IF PRIMARY PARENT OR GUARDIAN IS UNREACHABLE FOR 10 MINUTES OR MORE

Name:	First: _____ Last: _____
Relationship:	Permission to Pick Up(Circle) YES NO
Cell Phone #	Cell Phone #: _____ - _____ - _____ Home Phone#: _____ - _____ - _____ Work #: _____ - _____ - _____ Other Phone# #: _____ - _____ - _____
Email Address:	
Name of Work	

EMERGENCY CONTACT & ADDITIONAL PICK UP - WILL BE CALLED IF PARENT #1 AND #2 OR GUARDIAN IS UNREACHABLE IMMEDIATELY IN THE EVENT OF ILLNESS OR EMERGENCY. THIS PERSON WILL BE AUTHORIZED TO PICK UP YOUR CAMPER BELOW IS A TABLE THAT SHOULD BE FILLED IN TO INCLUDE ANY PERSONS YOU WOULD LIKE TO HAVE PERMISSION TO PICK UP YOUR CHILD FROM CAMP. AT PICK UP, STAFF WILL BE CHECKING IDS TO ASSURE THAT THE APPROPRIATE PEOPLE ARE TAKING YOUR CHILD. IF A NAME IS NOT LISTED BELOW, CAMP STAFF WILL NOT RELEASE YOUR CHILD TO THAT PERSON.

ER #1/Add'l Pick Up	Name: _____ Relationship _____ Phone #: _____
ER #2/ Add'l Pick Up	Name: _____ Relationship _____ Phone #: _____
ER #3/ Add'l Pick Up	Name: _____ Relationship _____ Phone #: _____

CAMPERS NAME (LAST, FIRST) _____
This must be filled out on every page

CAMPER HEALTH INFORMATION

IMMUNIZATIONS - IF YOU SUBMITTED THESE RECORDS IN A PREVIOUS YEAR, YOU MUST STILL RE-SUBMIT THEM THIS YEAR.

CAMPERS ARE REQUIRED TO MEET THE SAME IMMUNIZATION REQUIREMENTS AS SCHOOL-AGED CHILDREN AS INDICATED IN PUBLIC HEALTH LAW (PHL) ARTICLE 21, TITLE 6, SECTION 2164. REFER TO NEW YORK STATE IMMUNIZATION REQUIREMENTS FOR SCHOOL ENTRANCE/ATTENDANCE, AVAILABLE AT: [HTTP://WWW.HEALTH.NY.GOV/PUBLICATIONS/2370.PDF](http://www.health.ny.gov/publications/2370.pdf). IT IS REQUIRED YOU ATTACH YOUR CHILD'S IMMUNIZATION RECORDS FORM FROM THEIR DOCTOR TO THIS FORM. RECORDS ARE DUE AT TIME OF REGISTRATION, NO EXCEPTIONS.

MEDICATIONS:

MEDICATIONS: IF YOUR CHILD REQUIRES ANY MEDICATIONS BE TAKEN AND OVERSEEN AT CAMP, PLEASE FILL OUT THE FOLLOWING TABLE. PLEASE NOTE CAMP STAFF CANNOT ADMINISTER MEDICINE TO CAMPERS.

Name:	DOB:	Weight:
Drug Route:	Dosage:	Schedule:
Comments:	Side Effects:	Rx Number:

PHYSICIAN'S SIGNATURE: _____

(IF YOUR CAMPER MUST HAVE MEDICATION AT CAMP, YOUR PHYSICIAN MUST SIGN HERE. ALSO, A VALID PRESCRIPTION MUST BE ATTACHED)
ALL MEDICATIONS MUST BE IN THEIR ORIGINAL CONTAINER WHEN SUBMITTED TO THE CAMP DIRECTOR OR ASSISTANT DIRECTOR.

I HEREBY REQUEST THAT THE STAFF OF THE TOWN OF WEST SENECA DAY CAMP SUPERVISE MY CHILD TAKING THE ABOVE MEDICATION AS INDICATED. I UNDERSTAND THE TOWN OF WEST SENECA DAY CAMP STAFF CANNOT ADMINISTER MEDICINE TO MY CHILD. I UNDERSTAND THE TOWN OF WEST SENECA IS NOT RESPONSIBLE FOR ANY MEDICATION LOST OR STOLEN.

○ **PARENT SIGNATURE:** _____ **DATE:** _____

IN CASE OF EMERGENCY OR ILLNESS:

THIS HEALTH HISTORY IS CORRECT SO FAR AS I KNOW AND THE PERSON LISTED ABOVE HAS PERMISSION TO ENGAGE IN ALL PRESCRIBED CAMP ACTIVITIES EXCEPT AS NOTED. IN THE EVENT I CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE CAMP DIRECTOR TO HOSPITALIZE, SECURE PROPER TREATMENT FOR, AND TO ORDER INJECTIONS AND/OR ANESTHESIA AND/OR SURGERY FOR THE PERSON NAMED ABOVE. I EXPECT TO BE NOTIFIED IMMEDIATELY.

○ **PARENT / GUARDIAN SIGNATURE** _____ **DATE:** _____

SPECIFIC NEEDS

REQUIRED: PLEASE USE THE FOLLOWING SECTION TO PROVIDE INFORMATION TO THE FOLLOWING QUESTIONS. INFORMATION PROVIDED WILL HELP OUR STAFF MAXIMIZE YOUR CHILD'S CAMP EXPERIENCE WITH IS, AND WILL BE KEPT CONFIDENTIAL. DOES YOUR CHILD HAVE ANY SERIOUS FEARS? DOES YOUR CHILD HAVE ANY KIND OF SPECIFIC NEEDS (DISABILITIES, CHRONIC ILLNESS, BEHAVIORAL ISSUES, EMOTIONAL NEEDS, ETC.)? ARE THERE ANY OTHER SPECIAL ISSUES OR ACCOMMODATIONS THAT OUR STAFF SHOULD BE AWARE OF? THIS WILL ALLOW OUR CAMP DIRECTOR TO PROPERLY PLAN AND STAFF FOR THE SAFETY OF THIS CAMPER AND ALL CAMPERS. POLICY: DAY CAMP WILL BE FILLED WITH ACTIVITIES THAT ENCOURAGE THE CAMPER TO BE ACTIVE. IF YOUR CHILD IS NOT ABLE TO PARTICIPATE IN ANY ACTIVITY, PLEASE NOTIFY YOUR CHILD'S COUNSELOR. WE ENCOURAGE YOU TO NOTIFY US WITH ANY SPECIAL NEEDS OR CONCERNS THAT YOU MAY HAVE. IN THE EVENT YOUR CHILD HAS A DISABILITY (MENTAL, PHYSICAL, ETC), CHRONIC ILLNESS OR A BEHAVIOR ISSUES PLEASE NOTIFY US ON THIS REGISTRATION FORM BELOW. THIS WILL ALLOW OUR CAMP DIRECTOR TO PROPERLY PLAN AND STAFF FOR THE SAFETY OF THIS CAMPER AND ALL CAMPERS. IN THE EVENT THE PARENT DOES NOT INFORM WEST SENECA YOUTH & RECREATION OF THIS ON THE REGISTRATION FORM (*Cont'd on next page*) (*cont'd from previous page*) FORM WHEN THEY REGISTER THEIR CAMPER – THE CHILD WILL NOT BE PERMITTED TO STAY AT CAMP AND NO REFUND WILL BE ISSUED. _____

CAMPERS NAME (LAST, FIRST) _____

This must be filled out on every page

Town Board Approved 1/18/2018

WAIVER AND POLICIES

PERMISSION TO WALK:

UPDATE: 2018 NO CAMPERS WILL BE PERMITTED TO LEAVE WITHOUT A PARENT OR GUARDIAN OR PERSON LISTED ON PAGE 1.

PARENT PERMISSION TO TAKE PICTURES AND VIDEO FOOTAGE:

I AUTHORIZE WEST SENECA RECREATION DEPARTMENT TO TAKE PHOTOGRAPHS AND VIDEO FOOTAGE OF MY CHILD/ CHILDREN WHILE HE/SHE IS PARTICIPATING IN ANY PROGRAMS BEING RUN BY WEST SENECA RECREATION. I UNDERSTAND THESE PHOTOGRAPHS AND VIDEO FOOTAGE WILL BE USED FOR MARKETING PURPOSES, WEST SENECA RECREATION DEPARTMENT BULLETINS, WEST SENECA RECREATION BROCHURES, POSTINGS ON THE WEST SENECA RECREATION DEPARTMENT WEBSITE, SEEN ON TV'S IN LOCAL BUSINESSES, YOUTUBE AND OTHER SOCIAL NETWORKING SITES.

○ PARENT/ GUARDIAN SIGNATURE _____ DATE: _____

PARENT PERMISSION FOR CHILD TO USE POOL:

THE TOWN OF WEST SENECA SUMMER DAY CAMP UTILIZES THE VETERANS PARK POOL TO SWIM DURING THE SUMMER. THE POOL IS REQUIRED TO BE INSPECTED BY THE ERIE COUNTY HEALTH DEPARTMENT DURING THE SUMMER IN ORDER TO OPERATE. THE POOL PROVIDES QUALIFIED LIFEGUARDS, ALL OF WHOM ARE RED CROSS CERTIFIED. WEST SENECA SUMMER CAMP ALSO IMPLEMENTS A "BUDDY SYSTEM CHECK" MULTIPLE TIMES DURING THE SWIM VISIT TO ENSURE THE SAFETY OF EACH CAMPER. EACH CAMPER WILL BE GIVEN A WATER TEST TO DETERMINE THEIR SWIM LEVEL ON THE FIRST DAY OF SWIM EACH WEEK. PLEASE SIGN BELOW TO GIVE PERMISSION FOR YOUR CHILD TO SWIM AT THE POOL DURING THE SUMMER CAMP SESSION(S).

○ PARENT/ GUARDIAN SIGNATURE _____ DATE: _____

FIELD TRIP ACKNOWLEDGMENT:

I GIVE MY CHILD PERMISSION TO ATTEND ALL WEST SENECA SUMMER DAY CAMP FIELD TRIPS FOR THE SESSION(S) THAT HE/SHE IS REGISTERED FOR. I UNDERSTAND THAT TRIPS MAY BE CANCELED, SWITCHED, RE-SCHEDULED, CHANGED, ETC. AT ANYTIME. WEST SENECA YOUTH & RECREATION IS NOT REQUIRED TO NOTIFY PARENTS/GUARDIANS OF THIS.

○ PARENT/ GUARDIAN SIGNATURE _____ DATE: _____

GROUPING REQUESTS:

GROUPING REQUESTS MUST BE MADE AT THE TIME OF REGISTRATION. NO REQUESTS WILL BE ACCEPTED DURING CAMP. WEST SENECA YOUTH & RECREATION WILL MAKE THEIR BEST ATTEMPT TO HONOR THESE REQUESTS. HOWEVER, THERE IS NO GUARANTEE. WRITE YOUR CAMPER'S GROUPING REQUESTS HERE:

CAMP HOURS

I UNDERSTAND CAMP HOURS ARE 9:00 AM - 4:00 PM. PRE-CAMP SUPERVISION IS OFFERED FREE OF CHARGE BETWEEN 7:30 - 9:00 AM. POST CAMP SUPERVISION IS OFFERED 4:00 - 5:30 PM. I UNDERSTAND THAT MY CHILD MUST ARRIVE BY 9:00 AM OR THEY MAY NOT BE PERMITTED TO STAY FOR THE DAY & IF I FAIL TO PICK UP MY CHILD BEFORE 5:30 PM THERE WILL BE A \$2.00 PER MINUTE CHARGE DUE AT TIME OF PICK UP (SAME DAY) OR AT DROP OFF (NEXT DAY) BEFORE THE CHILD WILL BE ALLOWED TO STAY AT CAMP. (IF YOU ARE LATE MORE THAN 3 TIMES YOU MAY BE EJECTED FROM THE PROGRAM, WITH NO REFUND FOR CURRENT OR FUTURE SESSIONS.)

○ PARENT/ GUARDIAN SIGNATURE _____ DATE: _____

CAMPERS NAME (LAST, FIRST) _____

This must be filled out on every page

Town Board Approved 1/18/2018

REFUND/PAYMENT POLICY:

-REGISTRATION FEES WILL NOT BE REFUNDED OR ADJUSTED SHOULD THE PARTICIPANT FAIL TO ATTEND A CLASS OR PROGRAM. -
REGISTRATION FEES WILL NOT BE REFUNDED OR ADJUSTED SHOULD YOUR CHILD BE EJECTED FROM THE PROGRAM. REGISTRATION
FEES WILL NOT BE REFUNDED OR ADJUSTED IF A SESSION, TRIP OR ACTIVITY IS CANCELED DUE TO WEATHER OR ANY OTHER
CIRCUMSTANCE BEYOND WEST SENECA RECREATION CONTROL. SESSIONS, TRIPS AND ACTIVITIES ARE NOT REQUIRED TO BE
RESCHEDULED IF THEY ARE CANCELED FOR WEATHER RELATED ISSUES. REFUNDS WILL ONLY BE ISSUED IN THE EVENT THAT THE
ENTIRE LENGTH OF THE SESSION IS CANCELED.

-AT TIME OF REGISTRATION A \$50 NON-REFUNDABLE DEPOSIT IS REQUIRED FOR EACH SESSION, FOR EACH CHILD YOU ARE
REGISTERING. THIS DEPOSIT IS REQUIRED TO RESERVE YOUR CAMPER'S SPOT. THIS IS NON-REFUNDABLE SHOULD YOU CHOOSE TO
UN-ENROLL YOUR CHILD. THIS DEPOSIT ONLY APPLIES TO THE WEEK IT IS ORIGINALLY APPLIED FOR. IT CANNOT BE TRANSFERRED TO
ANOTHER WEEK(S)/SESSION(S) SHOULD YOU CHOOSE TO CHANGE OR REMOVE ENROLLMENT FOR WEEK(S)/SESSION(S). SHOULD
YOU CHOOSE TO UNENROLL YOUR CHILD - YOU MUST NOTIFY US VIA EMAIL lmasset@twyny.org no later than **JUNE 1, 2018** OR THE
FINAL PAYMENT WILL STILL BE DUE FOR THE SESSIONS WHICH YOU ARE CHOOSING TO UNENROLL YOUR CHILD FROM. YOUR CHILD
IS NOT ENROLLED FROM ANY SESSION UNTIL YOU RECEIVE CONFIRMATION IN WRITING FROM THE RECREATION OFFICE.

-REMAINING PAYMENT IS DUE NO LATER THAN **JUNE 1, 2018** AT 4:00PM. FAILURE TO PAY YOUR REMAINING BALANCE BY THE DUE
DATE COULD RESULT IN YOUR CHILD LOSING THEIR RESERVED SPOT. IN THE EVENT OF THIS DOWN PAYMENTS WILL NOT BE
REFUNDED. PAYMENTS MADE AFTER THIS DATE ARE SUBJECT TO A \$5.00 PER DAY LATE FEE. ALL PAYMENTS MADE AFTER THIS
DATE ARE NON-REFUNDABLE. IF YOU ARE MAILING YOUR PAYMENT IT MUST BE POSTMARKED BY **JUNE 1, 2018**.

-LATE REGISTRATION - IN THE EVENT SLOTS ARE OPEN AFTER THE **JUNE 1, 2018**(LATE FEE DATE) – NEW REGISTRATIONS WILL NOT BE
ASSESSED THE LATE FEE, HOWEVER PAYMENT IN FULL WILL BE DUE DAY OF REGISTRATION.

-THE TOWN OF WEST SENECA RESERVES THE RIGHT TO DENY A REFUND OF ANY/ALL REGISTRATION FEES SHOULD THE PARTICIPANT
WISH TO WITHDRAW FROM THE PROGRAM PRIOR TO ITS SCHEDULED START DATE.

-NO PROGRAM REGISTRATION FEES ARE REFUNDABLE AFTER **JUNE 1, 2018**.

*I UNDERSTAND AND ACCEPT THESE RESPONSIBILITIES UNDERSTAND AND AGREE TO ABIDE BY THE TOWN OF WEST SENECA YOUTH
& RECREATION REFUND POLICIES.*

○ PARENT/ GUARDIAN SIGNATURE _____ DATE: _____

REQUIRED ITEMS AGREEMENT

I UNDERSTAND THAT MY CHILD MUST BRING A WATER BOTTLE AND LUNCH DAILY. I UNDERSTAND THAT THE WATER BOTTLE MUST
BE IN ADDITION TO THE DRINK IN MY CHILDS LUNCH. I UNDERSTAND THAT IF MY CHILD DOES NOT HAVE THESE ITEMS A SEPARATE
FEE WILL BE CHARGED. THIS FEE WILL BE DUE THE FOLLOWING MORNING. IN THE EVENT THE FEE IS NOT PAID IN FULL THE CAMPER
WILL NOT BE ADMITTED INTO CAMP. NO REFUNDS WILL BE GIVEN. WEST SENECA YOUTH & RECREATION IS NOT REQUIRED TO
CONTACT THE PARENT/GUARDIAN IF THE CHILD DOES NOT HAVE THE LUNCH AND/OR WATER BOTTLE. I UNDERSTAND THAT MY
CAMPER IS REQUIRED TO WEAR SNEAKERS AND SOCKS EVERYDAY. I UNDERSTAND THAT THEY MUST WEAR THEIR CAMP SHIRT OR
A SIMILAR BLUE SHIRT ON TRIP DAYS. I UNDERSTAND MY CHILD MUST BRING A BATHING SUIT AND TOWEL DAILY.

○ PARENT/ GUARDIAN SIGNATURE _____ DATE: _____

PARENT HANDBOOK (PROVIDED DURING THE REGISTRATION PROCESS).

I UNDERSTAND AND AGREE TO THE INFORMATION RELATING TO OPERATIONS, INCLUDING BUT NOT LIMITED TO BEHAVIOR
GUIDELINES, NUT POLICY, PAYMENT, RECORDS, HOURS AND INFORMATION PERTAINING TO THE SUMMER DAY CAMP HANDBOOK,
AVAILABLE SEPARATELY FROM THIS APPLICATION. THE PARENT HANDBOOK CAN BE FOUND ANYTIME AT WWW.WESTSENECA.NET.

○ PARENT/ GUARDIAN SIGNATURE _____ DATE: _____

CAMPERS NAME (LAST, FIRST) _____
This must be filled out on every page

CAMP CHARACTER PLEDGE

I UNDERSTAND THAT MY CAMPER MUST SHOW RESPECT TOWARDS OTHERS, IS RESPONSIBLE FOR HIS/HERS ACTIONS, MUST SHOW TOLERANCE OF THE DIFFERENCES AMONG US, HAVE DIGNITY BY PROMOTING AN ENVIRONMENT FREE FROM HARASSMENT, DISCRIMINATION, BULLYING, ETC. I UNDERSTAND MY CAMPER MUST DEMONSTRATE A CONDUCT THAT FOSTERS CIVILITY, KINDNESS AND ACCEPTANCE. I UNDERSTAND MY CAMPER MUST FOLLOW ALL CAMP RULES INCLUDING BUT NOT LIMITED TO THOSE OUTLINED IN THE PARENT HANDBOOK AND CAMPER ORIENTATION MANUAL. I UNDERSTAND THAT IF MY CAMPER DOES NOT FOLLOW THE CHARACTER PLEDGE OR FOLLOW CAMP RULES HE/SHE COULD BE EJECTED FROM THE PROGRAM WITHOUT WARNING, A REFUND WILL NOT BE ISSUED FOR THE CURRENT OR FUTURE SESSIONS AND THEY WILL NOT BE PERMITTED TO ENROLL IN SUMMER DAY CAMP THE FOLLOWING YEAR.

○ PARENT/ GUARDIAN SIGNATURE _____ DATE: _____

PARENT/GUARDIAN AGREEMENT

I HEREBY ENROLL MY CHILD IN THE TOWN OF WEST SENECA RECREATION DEPARTMENT SUMMER DAY CAMP PROGRAM LOCATED AT VETERAN'S PARK. I HAVE READ AND AGREE TO ALL TERMS IN THIS APPLICATION. I UNDERSTAND THE INFORMATION RELATING TO OPERATIONS, INCLUDING BUT NOT LIMITED TO BEHAVIOR GUIDELINES, HOURS AND INFORMATION PERTAINING TO THE SUMMER DAY CAMP HANDBOOK, AVAILABLE SEPARATELY FROM THIS APPLICATION. THE HEALTH INFORMATION FORM IS CORRECT AS FAR AS I KNOW AND THE PERSON DESCRIBED HAS PERMISSION TO ENGAGE IN ALL CAMP ACTIVITIES EXCEPT AS NOTED BY ME AND HIS OR HER PHYSICAL/HEALTHCARE PROVIDER. I HAVE PROVIDED THE STAFF WITH ANY PERTINENT INFORMATION WHICH MAY ASSIST THE TOWN OF WEST SENECA RECREATION DEPARTMENT IN CARING FOR MY CHILD, INCLUDING, BUT NOT LIMITED TO: ALLERGIES, PREVIOUS OR EXISTING ILLNESS OR CONDITION, SUNBURN SENSITIVITY, DIET REQUIREMENTS, LONG-TERM MEDICATIONS, DISABILITY OR LIMITING CONDITIONS, EMOTIONAL, DEVELOPMENTAL, OR BEHAVIORAL CHALLENGES. I AGREE TO NOTIFY THE TOWN OF WEST SENECA RECREATION STAFF IMMEDIATELY IN WRITING OF ANY CHANGES IN ADDRESS, PHONE NUMBERS, EMERGENCY CONTACTS, ETC. I UNDERSTAND THAT NOT PROVIDING THE ABOVE MAY PUT MY CHILD'S HEALTH AND SAFETY AT RISK. I GIVE CONSENT FOR THE TOWN OF WEST SENECA RECREATION STAFF TO APPLY SPRAY SUNSCREEN ON MY CHILD PRIOR TO ENGAGING IN EXTENDED OUTDOOR TIME IN THE SUN, OR AT ANY POINT IF VISIBLY NEEDED. IF MY CHILD HAS ANY ALLERGIES TO SUNSCREEN, I HAVE SO INDICATED IN THE "MEDICAL RECOMMENDATIONS AND RESTRICTIONS WHILE AT CAMP" SECTION OF THE APPLICATION. I GIVE CONSENT FOR MY CHILD TO TAKE PART IN FIELD TRIPS OR EXCURSIONS OFF PROPERTY UNDER PROPER SUPERVISION. I GIVE THE TOWN OF WEST SENECA RECREATION DEPARTMENT CONSENT TO USE ANY PHOTOGRAPHS OR VIDEO TAPES OF MY CHILD FOR PROMOTIONAL OR PUBLIC RELATIONS PURPOSES, INCLUDING WEB SITE MATERIAL AND CAMP ADVERTISING. ALTHOUGH THE ACTIVITIES OF THE CAMP WILL BE SUPERVISED AT ALL TIMES, IT IS AGREED AND UNDERSTOOD THAT NEITHER THE TOWN OF WEST SENECA NOR ANY INDIVIDUAL ASSOCIATED THEREWITH WILL SUFFER ANY LIABILITY FOR INJURIES OR DAMAGES SUSTAINED BY MYSELF OR MY CHILD ARISING OUT OF SUCH ACTIVITIES, AND I AGREE TO INDEMNIFY AND HOLD HARMLESS THE TOWN OF WEST SENECA AND SUCH INDIVIDUALS SUPERVISING, AIDING AND OTHERWISE ASSOCIATED WITH THE CAMP AND ITS ACTIVITIES FROM ALL DAMAGES AND LIABILITIES, INCLUDING, BUT NOT LIMITED TO, PERSONAL INJURIES, SUFFERED OR INCURRED WHILE PARTICIPATING IN CAMP ACTIVITIES. I HEREBY REGISTER MY CHILD FOR THE DESIGNATED SESSION(S) OF THE TOWN OF WEST SENECA RECREATION DEPARTMENT SUMMER DAY CAMP. I UNDERSTAND THAT THE ERIE COUNTY DEPARTMENT OF HEALTH REQUIRES MY CHILD TO HAVE COMPLETED HEALTH INFORMATION (INCLUDING IMMUNIZATION DATES) TO ATTEND CAMP. I FURTHER UNDERSTAND I MUST HAVE PAID IN FULL NO LATER THAN **JUNE 1, 2018** AT 4:00 PM FOR EACH SESSION IN ORDER FOR MY CHILD TO BE OFFICIALLY REGISTERED FOR THAT SPECIFIC SESSION AND THAT REGISTERING FOR PREVIOUS SESSIONS DOES NOT GUARANTEE A SPOT IN FUTURE CAMP SESSIONS

○ PARENT/ GUARDIAN SIGNATURE _____ DATE: _____

CAMPERS NAME (LAST, FIRST) _____
This must be filled out on every page

CAMPER MUST READ AND SIGN:

**PARENTS/GUARDIANS PLEASE REVIEW THE BELOW CHARACTER PLEDGE AND THE RULES OUTLINED IN THE PARENT HANDBOOK WITH YOU CAMPER. PLEASE COMPLETE THE BELOW SECTION WITH YOUR CAMPER.*

CAMP CHARACTER PLEDGE

- ❖ HAVE FUN AND WEAR A SMILE!
- ❖ RESPECT: RECOGNIZE & APPRECIATE THE VALUE OF: YOURSELF, FELLOW CAMPERS, & ADULTS.
- ❖ RESPONSIBILITY: YOU ARE RESPONSIBLE FOR YOUR ACTIONS.
- ❖ TOLERANCE: RESPECT THE DIFFERENCES THAT EXIST AMONG US.
- ❖ DIGNITY: PROMOTE AN ENVIRONMENT FREE FROM HARASSMENT & DISCRIMINATION & DEMONSTRATE CONDUCT THAT FOSTERS CIVILITY, KINDNESS & ACCEPTANCE.

BY SIGNING THE CAMP CHARACTER PLEDGE I AND MY PARENTS/GUARDIANS AGREE TO UPHOLD EACH OF THE FIVE ASPECTS EVERY DAY AT CAMP. I REALIZE THAT BY NOT UPHOLDING THE PLEDGE AND/OR THE RULES OUTLINED IN THE PARENT HANDBOOK AND/OR THE CAMPER ORIENTATION MANUAL THERE WILL BE CONSEQUENCE THAT COULD RESULT IN BEING EJECTED FROM THE PROGRAM.

This must be signed by both the parent/guardian and the camper before the registration form will be processed.

I, _____ (PRINT CAMPER NAME)
_____ (CAMPER'S SIGNATURE)
& _____ (PRINT PARENT NAME)
_____ (PARENT SIGNATURE) PLEDGE TO HAVE A SAFE, FUN AND
FANTASTIC SUMMER AT CAMP!
DATE (M/D/Y): _____

I, _____ (PRINT CAMPER NAME)
_____ (CAMPER'S SIGNATURE)
& _____ (PRINT PARENT NAME)
_____ (PARENT SIGNATURE) UNDERSTAND THE POLICIES
OUTLINED IN THE PARENT HANDBOOK.
DATE (M/D/Y): _____

PLEASE USE THE BELOW SPACE TO PROVIDE ANY NOTES:

CAMPERS NAME (LAST, FIRST) _____
This must be filled out on every page

SESSION REGISTRATION

CAMPER NAME: _____

CHECK EACH WEEK YOU ARE REGISTERING YOUR CHILD FOR:

Week 1 (6/25/18 – 6/29/18)	Week 4 (7/16/18-7/20/18)
Week 2 (7/2/18-7/6/18)	Week 5 (7/23/18-7/27/18)
Week 3 (7/9/18-7/13/18) – WAITLIST ONLY	Week 6 (7/30/18-8/3/18)

PLEASE NOTE PROGRAM SPACE IS LIMITED. SLOTS ARE ON A FIRST COME, FIRST SERVE BASIS.

SWIM LESSONS

IF YOUR CAMPER IS ATTENDING ALL SIX (6) WEEKS OF CAMP, THEY ARE ELIGIBLE TO ATTEND SWIM LESSONS AT THE VETERANS PARK POOL AT A DISCOUNT RATE. SPOTS ARE LIMITED IN EACH LEVEL AND ARE ON A FIRST COME FIRST SERVE BASIS. THIS RATE IS ONLY AVAILABLE IF THE CAMPER IS ATTENDING ALL 6 WEEKS OF SUMMER DAY CAMP.

SPECIAL SWIM LESSON FEE: \$30/RESIDENT \$50/NON-RESIDENT

CHECK THE LEVEL YOU ARE REGISTERING YOUR CAMPER FOR:

Level 1	Level 4
Level 2	Level 5
Level 3	Level 6

AS PARENT/GUARDIAN OF (CHILD'S NAME) _____ (MY "CHILD") WHO WILL BE PARTICIPATING IN THE TOWN OF WEST SENECA YOUTH & RECREATION ACTIVITIES, I HEREBY AGREE AS FOLLOWS:

I ASSUME FULL RESPONSIBILITY FOR, AND TOTAL RISK OF, ANY INJURY, LOSS OR DAMAGES (INCLUDING INJURY TO PERSON OR LOSS OF PROPERTY) SUSTAINED BY ME AND/OR MY CHILD ON THE PREMISES OF THE TOWN OF WEST SENECA AS A RESULT OF MY CHILD'S PARTICIPATION IN SWIM LESSONS. I FURTHER RELEASE THE TOWN OF WEST SENECA THEIR AFFILIATES AND THEIR DIRECTORS, OFFICERS, EMPLOYEES, STAFF MEMBERS, INSTRUCTORS, AGENTS, INDEPENDENT CONTRACTORS, VOLUNTEERS AND REPRESENTATIVES (THE "RELEASEES") FROM ANY CLAIM WHATSOEVER RESULTING FROM MY CHILD'S PARTICIPATION IN SWIM LESSONS OR ON ACCOUNT OF FIRST AID TREATMENT, EMERGENCY MEDICAL SERVICES OR OTHER SERVICES RENDERED TO ME OR MY CHILD DURING MY CHILD'S PARTICIPATION IN SWIM LESSONS. I HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE RELEASEES, FROM ALL LIABILITY TO ME, MY CHILD, MY SPOUSE (IF ANY), OUR RESPECTIVE LEGAL REPRESENTATIVES, HEIRS AND ASSIGNS AND ANY PERSON CLAIMING THROUGH OR UNDER MYSELF OR MY CHILD OF AND FROM ANY AND ALL PRESENT AND FUTURE CLAIMS, DEMANDS, DAMAGES, ACTIONS OR RIGHTS OF ACTION, WHETHER LEGAL OR IN EQUITY, ARISING FROM OR BY REASON OF ANY BODILY INJURY OR PERSONAL INJURIES KNOWN OR UNKNOWN, LOSS OR THEFT OF PERSONAL PROPERTY OR PROPERTY DAMAGE THAT MAY OCCUR AS A RESULT OF MY CHILD'S PARTICIPATION IN SWIM LESSONS OR PROGRAMS WITH THE TOWN OF WEST SENECA.

I HEREBY ASSUME ALL RISK RELATED TO MY PARTICIPATION OR MY CHILD'S PARTICIPATION IN THIS ACTIVITY AND RELEASE AND FOREVER DISCHARGE THE TOWN OF WEST SENECA AND ITS AGENTS, EMPLOYEES, VOLUNTEERS AND/OR STAFF FROM ANY RESPONSIBILITY, LIABILITY OR LOSS SUFFERED IN CONNECTION WITH THIS ACTIVITY.

I UNDERSTAND AND ACCEPT THESE RESPONSIBILITIES. I UNDERSTAND AND AGREE TO ABIDE BY THE RELEASE FROM LIABILITY, TOWN OF WEST SENECA AQUATICS FACILITY REGULATIONS AND THE REFUND & ON SITE POLICIES.

I UNDERSTAND MY CHILD MUST ARRIVE AT CAMP ON SWIM LESSONS DAYS BY 8:45 AM AND BE DRESSED IN THEIR BATHING SUIT. I UNDERSTAND IF A CHILD DOES NOT WANT TO ATTEND SWIM WEST SENECA SUMMER DAY CAMP CANNOT FORCE THEM.

- PARENT/ LEGAL GUARDIAN'S NAME (PRINT): _____
- PARENT/LEGAL GUARDIAN'S NAME (SIGNATURE): _____ DATE: _____

THIS IS TO BE COMPLETED BY WEST SENECA YOUTH & RECREATION OFFICE STAFF ONLY

CAMPERS NAME (LAST, FIRST) _____

This must be filled out on every page

Town Board Approved 1/18/2018

REC EMPLOYEE INTAKE/PROCESSING THIS FORM: _____ IMMUN RECORDS ATTACHED (Y) (N)

CAMPER NAME: _____ SHIRT SIZE GIVEN (X2) _____

CHOOSE ONE: 0 NON-RESIDENT (OR) 0 RESIDENT ID CARD NUMBER: _____ EXP DATE: ____/____/____

CIRCLE ONE: IS THIS CAMPER RECEIVING THE ADDITIONAL CHILD FEE? YES NO Did you check DOB? (Y) (N)

If so, first child's name: _____

FEES DUE: CHECK EACH WEEK THE CAMPER IS BEING REGISTERED FOR - THIS INFORMATION SHOULD MATCH IN INFORMATION PROVIDED ON PAGE 7.

DO NOT ACCEPT THIS FORM IF IMMUNIZATION RECORDS ARE NOT ATTACHED.

REMINDERS:

RESIDENT RATE - IN ORDER TO QUALIFY FOR THE RESIDENT RATE, THE CAMPER MUST HAVE A VALID RESIDENT ID CARD AT TIME OF REGISTRATION. WE WILL NOT ACCEPT ID CARD # AT A LATER DATE. THE ID CARD MUST BE VALID UNTIL THE LAST PROGRAM DATE. NO EXCEPTIONS.

ADDITIONAL CHILD RATE - THE CHILD WHO IS ATTENDING THE MOST WEEKS IN CAMP IS CONSIDERED THE FIRST CHILD. THE CHILDREN ATTENDING THE LEAST WEEKS IN CAMP ARE CONSIDERED ADDITIONAL CHILDREN.

SWIM LESSONS - SWIM FEE DUE AT TIME OF REGISTRATION

IMMUNIZATIONS ARE DUE AT TIME OF REGISTRATION, NO EXCEPTIONS.

REGISTRATION FORM MUST BE FILLED OUT COMPLETELY.

FEES PAID - ONLY INCLUDE THE AMOUNT PAID FOR THIS CAMPER NOT ANY ADDITIONAL CHILDREN IN THE FAMILY

FEES (per week)	Weeks 1,3,4,5,6	Week 2
Resident	\$210	\$168
Resident Each Additional Child	\$200	\$160
Non-Resident	\$250	\$200
Non-Resident Each Additional Child	\$240	\$192
Resident Swim Lessons (Must Be Enrolled in ALL 6 Weeks)	\$30	
Non-Resident Swim Lessons (Must Be Enrolled in ALL 6 Weeks)	\$50	

WEEK/SESSION #	Fee per session	WSREC Employee Initials
Week 1 (6/25/18 – 6/29/18)		
Week 2* (7/2/18-7/6/18)		
Week 3 (7/9/18-7/13/18)	WAITLIST	ONLY
Week 4 (7/16/18-7/20/18)		
Week 5* (7/23/18-7/27/18)		
Week 6 (7/30/18-8/3/18)		
Total Camp Fee (ADD FEES FROM ABOVE)		
Swim Fee Due (See Page 5) <i>Must be enrolled in all 6 weeks</i>		
TOTAL DUE (Add Total Due for Camp + total Swim Fee Due)		

	Amount Paid	Cash, Check #, CC Transaction #	Date	Receipt #	New Balance (Previous Total Due – Amount Paid Today)	WSREC Employee Initials
Swim Payment <i>Due @ Time of Registration</i>						
Down Payment <i>\$50 per each week, per each child. Due @ Time of Registration .</i>						
Payment 2						
Payment 3						
Payment 4						

CAMPERS NAME (LAST, FIRST) _____
This must be filled out on every page

PARENT OR GUARDIAN REGISTRATION CHECK LIST

- IMMUNIZATIONS RECORDS FROM THE CAMPER'S DOCTOR, ATTACHED TO THIS FORM.
- PAGES 1-7 OF THIS FORM COMPLETED IN FULL.
- VALID RESIDENT ID CARD FOR EACH CAMPER YOU ARE REGISTERING TO PRESENT AT TIME OF REGISTRATION. NON-RESIDENTS CANNOT REGISTER UNTIL AFTER MARCH 1, 2018.
- IF NEEDED – PHYSICIAN'S SIGNATURE ON PAGE 2 AND A VALID PRESCRIPTION FROM THE DOCTOR.
- PAGE 6 FILLED OUT AND SIGNED BY BOTH THE PARENT/GUARDIAN AND CAMPER.
- DOWN PAYMENT - \$50 PER EACH WEEK PER EACH CAMPER YOU ARE REGISTERING. THIS FEE IS NON-REFUNDABLE SHOULD YOU CHOOSE TO UN-ENROLL YOUR CHILD.
- IF YOUR CAMPER IS ATTENDING WEEK #2 AND/OR WEEK #5 YOU MUST COMPLETE THE ORCHARD PARK SPLASH PAD WAIVER AND TURN IT IN DURING TIME OF REGISTRATION. IF THIS IS NOT COMPLETED YOUR CHILD WILL NOT BE ABLE TO USE THE SPLASH PAD ON THE FIELD TRIP.

PARENT REMINDERS:

- SPOTS FOR CAMP ARE LIMITED. SPOTS FOR CAMP ARE ON A FIRST COME, FIRST SERVE BASIS.
- REGISTRATION CLOSES WHEN SPOTS ARE FULL OR ON JUNE 1, 2018. NO REGISTRATIONS WILL BE ACCEPTED AFTER JUNE 1, 2018.
- YOU MUST HAVE A VALID RESIDENT ID CARD FOR EACH CHILD YOU ARE REGISTERING TO OBTAIN THE RESIDENT RATE. RESIDENT ID CARDS CAN BE OBTAINED AT THE TOWN CLERK'S OFFICE VISIT WWW.WESTSENECA.NET FOR MORE INFORMATION.
- REMAINING/FINAL PAYMENT IS DUE ONE JUNE 1, 2018 AT 4:00 PM. PAYMENTS MADE AFTER THIS DATE ARE SUBJECT TO A \$5.00 PER DAY LATE FEE. IF WE DO NOT RECEIVE YOUR PAYMENT BY JUNE 1, 2018 AT 4:00 PM YOUR CAMPER(S) COULD LOSE THEIR SPOT IN THE PROGRAM. FEES PAID BEFORE JUNE 1, 2018 WILL NOT BE REFUNDED.
- DOWN PAYMENTS MUST BE PAID AT TIME OF REGISTRATION. DOWN PAYMENTS ARE NON-REFUNDABLE SHOULD YOU CHOOSE TO UN-ENROLL YOUR CHILD.
- ANY PAYMENT MADE AFTER JUNE 1, 2018 IS NON-REFUNDABLE SHOULD YOU CHOOSE TO UN-ENROLL YOUR CHILD.
- THE FEE IS THE SAME PRICE REGARDLESS IF YOUR CHILD ATTENDS 1 DAY, 2 DAYS, 3 DAYS, 4 DAYS OR 5 DAYS OR THE SESSION THEY ARE REGISTERED FOR.

CAMPERS NAME (LAST, FIRST) _____
This must be filled out on every page