

VILLAGE OF KINDERHOOK SUMMER CAMP PROGRAM 2024

July 8, 2024 – August 16, 2024 from 9 am - 3 pm weekdays

This program is for children entering kindergarten through ninth grade whose parent/guardian or grandparent reside in the Village of Kinderhook as well as children/grandchildren of Village of Kinderhook employees. Registration fee of \$100.00 will be collected per child for the full day, 6 week program. Those children with a parent/guardian working DAILY in the village will also be able to attend with a registration fee of \$200.00 per child for the full day, 6 week program. Please make checks payable to: Village of Kinderhook.

I give permission for my child to attend the Kinderhook Village Summer Camp Program.

Camper's Name: _____ DOB: _____

Address: _____ Grade: _____

Parent/Guardian's Name: _____ Phone: _____

Email: _____

Parent/Guardian's Name: _____ Phone: _____

Email: _____

In case of emergency please call the following:

THERE MUST BE SOMEONE AT THIS NUMBER DURING PROGRAM HOURS

Primary Contact:

Name: _____ Relation: _____

Home Phone: _____ Office Phone: _____ Cell Phone: _____

Secondary Contact:

Name: _____ Relation: _____

Home Phone: _____ Office Phone: _____ Cell Phone: _____

Health History: (Check which apply) Asthma _____ ADHD _____ Rheumatic Fever _____ Seizures _____

Diabetes _____ Allergies _____

Other health issues, dietary restrictions, or details of above: _____

Primary Care Doctor: _____ Phone: _____

Health Insurance Provider: _____ Medications: _____

****EpiPens and/or asthma inhalers must be given to the Camp Director DAILY****

COPY OF IMMUNIZATION RECORD REQUIRED BEFORE ATTENDANCE TO SUMMER PROGRAM

IMPORTANT: Please immediately notify camp director if exposed to ANY communicable disease during the summer program.

How will your child arrive to and depart from the Summer Program?

Arrive: ___ Drop Off ___ Walking/Biking _____ Depart: ___ Walking/Biking ___ Pick-Up

Does your child have permission to walk/bike home? Yes / No

****NO child will be allowed to leave early without a signed note from a parent or legal guardian.**

List all persons who have permission to pick up your child: _____

Signature of Custodial Parent or Guardian: _____ Date: _____

Print Name: _____

WAIVER AND RELEASE

The undersigned hereby acknowledges that some of the activities that children participate in at the Kinderhook Village Summer Playground Program could be potentially hazardous activities. I hereby agree that my child will not participate unless he/she is medically able to do so; I also agree to abide by any and all decisions of camp staff relating to my child's ability to safely participate in any activity. I hereby assume all risks associated with my child's participation in any activity at the Kinderhook Village Summer Playground Program including but not limited to risks associated with running, falling, contact with other participants, injuries sustained on playground equipment, effects of weather, and the like. Having read this waiver, I hereby release, The Village of Kinderhook and their camp counselors, directors, assistant directors, volunteers, agents, employees and elected officials, and any additional groups or individuals associated with the Kinderhook Village Summer Playground Program, for any injury or illness, including death, that may result directly or indirectly from my child's participation in the Kinderhook Village Summer Playground Program. I further acknowledge that I am, the parent or legal guardian of the hereinafter named child, and solely responsible for said child; I agree to release, indemnify and hold harmless the abovementioned parties for any and all medical expenses, treatment, liability, damages, claims, cause of action and/or lawsuit, costs or other expenses arising from any bodily or personal injury sustained directly or indirectly through participation in any voluntary recreational activities with the Kinderhook Village Summer Playground Program.

Signature

Parent or Legal Guardian for _____

Please mail or drop off (Mon.-Thurs. 9am-2pm) the registration, waiver/release form and immunization record to:

**Village of Kinderhook
PO Box 325
6 Chatham St
Kinderhook, NY 12106
(518) 758-9882**

Village of Kinderhook
2023 Summer Camp Program

GRANDPARENT CONFIRMATION STATEMENT

This form should be completed if you are a village resident and have grandchildren attending the program.

I _____, residing at _____,

confirm that my grandchildren whose names are listed below, will be attending the 2023
Summer Camp Program at Rothermel Park.

Child's Name

Child's Name

Child's Name

Child's Name

Grandparent Signature

Date

Please include a copy of your driver's license or other photo ID with your street address. If you do not have a photo ID, please provide a copy of your utility bill showing your street address.