

Camp Registration Form

One form per child please

Camp Registration Form

Child's Name: _____
 Child's DOB: _____ Sex: M/F Age: _____ Shirt Size: _____
 Parents/Guardian Names: _____
 Address: _____
 Home Phone: _____ Work Phone: _____
 Cell Phone: _____ Emergency Phone: _____
 Email Address: _____
 Insurance Co. _____ Policy No. _____

IMMUNIZATION HISTORY: Must have at time of Registration. Attach to form or have faxed to (845)564-7827

YOUNG CAMPERS		
	Fee R/NR	Selection
S1: 7/01 – 7/05	\$135/165	()
S2: 7/08 – 7/12	\$135/165	()
S3: 7/15 – 7/19	\$135/165	()
S4: 7/22 – 7/26	\$135/165	()
S5: 7/29 – 8/02	\$135/165	()
S6: 8/05 – 8/09	\$135/165	()
S7: 8/12 – 8/16	\$135/165	()
Total	_____	

CAMP CHADWICK		
	Fee R/NR	Selection
S1: 7/01 – 7/05	\$135/165	()
S2: 7/08 – 7/12	\$135/165	()
S3: 7/15 – 7/19	\$135/165	()
S4: 7/22 – 7/26	\$135/165	()
S5: 7/29 – 8/02	\$135/165	()
S6: 8/05 – 8/09	\$135/165	()
S7: 8/12 – 8/16	\$135/165	()
Total	_____	

TEEN CAMP		
	Fee R/NR	Selection
S1: 7/01 – 7/05	\$135/165	()
S2: 7/08 – 7/12	\$135/165	()
S3: 7/15 – 7/19	\$135/165	()
S4: 7/22 – 7/26	\$135/165	()
S5: 7/29 – 8/02	\$135/165	()
S6: 8/05 – 8/09	\$135/165	()
S7: 8/12 – 8/16	\$135/165	()
Total	_____	

KIDDIE KAMP		
	Fee R/NR	Selection
S1: 7/8,9 & 11	\$65/75	()
S2: 7/15, 16 & 18	\$65/75	()
S3: 7/22, 23 & 25	\$65/75	()
S4: 7/29, 30 & 8/1	\$65/75	()
S5: 8/5, 6 & 8	\$65/75	()
S6: 8/12, 13,15	\$65/75	()
Total	_____	
NO EXTENDED CAMP HOURS		

EXTENDED CAMP HOURS		
for Young Campers, Camp Chadwick, Teen Camp Only 8:00-5:00pm		
	Fee	Selection
S1: 7/01 – 7/05	\$25	()
S2: 7/08 – 7/12	\$25	()
S3: 7/15 – 7/19	\$25	()
S4: 7/22 – 7/26	\$25	()
S5: 7/29 – 8/02	\$25	()
S6: 8/05 – 8/09	\$25	()
S7: 8/12 – 8/16	\$25	()
Total	_____	

GRAND TOTAL: _____ Form of payment: ()Cash ()Check ()Visa ()MasterCard

*Checks made out to the Town of Newburgh

Credit Card Form:

Card#: _____
 Exp. Date: _____
 Signature: _____
 Date: _____

I certify that the above named camper(s) is (are) covered by medical insurance and the information listed is accurate. THE TOWN OF NEWBURGH DOES NOT CARRY MEDICAL INSURANCE ON THE PARTICIPANTS OF THIS PROGRAM

Signature of Parent or Guardian: _____

X _____

Release and Waiver of Liability and Indemnity Agreement: In consideration of acceptance of my application for registration in the above referenced program(s), I hereby for myself, my heirs, executors, administrators and assigns, waive and release and discharge any and all rights and claims for damages and/or losses which I may have against the Town of Newburgh, its officers, agents, volunteers and employees for any and all activities connected with the above referenced program(s). I agree that the Town of Newburgh, its officers, agents, volunteers and employees will not be liable for myself, my children, (or wards), my heirs, executors, administrators or assigns for any acts in connection with the above referenced program(s). I understand the meaning of this Agreement and by my signature hereon indicate that it is a voluntary act on my part