

2024 TOWN CAMP REGISTRATION FORM

CAMPER'S NAME _____ Female Male
Complete Address _____ Home Phone _____
Date of Birth _____ Age as of 12/1/24 _____ Grade Completed as of 6/30/24 _____
Mother's Name _____ Work _____ Cell _____
Father's Name _____ Work _____ Cell _____
Email Address _____
Doctor's Name _____ Phone _____
Emergency Contact _____ Phone _____
Child's Health Conditions or Allergies (if none, write "NONE") _____
Insurance Company Name _____ ID# _____
Placement Request - One Name Only! _____ (No Guarantees, No Transfers, No Negative Requests)

***** Fees increase Thursday, May 16 *** Last day of registration Friday, June 14 *****

CAMP KICK-A-POO - Ages 3 - 5 years

<input type="checkbox"/> 3 Year Olds (Enter K in 2026)	<input type="checkbox"/> Session 1 (7/1 - 7/19, NO CAMP 7/4)	<input type="checkbox"/> Session 2 (7/22 - 8/9)
	<input type="checkbox"/> Full Summer (7/1 - 8/9, NO CAMP 7/4)	
<input type="checkbox"/> 4 Year Olds (Enter K in 2025)	<input type="checkbox"/> Session 1 (7/1 - 7/19, NO CAMP 7/4)	<input type="checkbox"/> Session 2 (7/22 - 8/9)
	<input type="checkbox"/> Full Summer (7/1 - 8/9, NO CAMP 7/4)	
<input type="checkbox"/> 5 Year Olds (Enter K in 2024)	<input type="checkbox"/> Session 1 (7/1 - 7/19, NO CAMP 7/4)	<input type="checkbox"/> Session 2 (7/22 - 8/9)
	<input type="checkbox"/> Full Summer (7/1 - 8/9, NO CAMP 7/4)	

CAMP CHIPPEWA - Completed Grades K - 8

Session 1 (7/1 - 7/19, NO CAMP 7/4) Session 2 (7/22 - 8/9) Full Summer (7/1 - 8/9, NO CAMP 7/4)

IMMUNIZATIONS / MEDICAL RECORD MUST BE ATTACHED PER NYS HEALTH DEPARTMENT

I hereby, for myself, my children, my heirs, executors and administrators, waive and release any and all rights and claims for damage against the Town of North Castle, its board Members, Employees, Representatives and Volunteers for any and all injuries suffered by myself or my child(ren) at any activities sponsored by these groups. I understand that my signature here as parent or legal guardian indicates that all the above information is true; that my child is in satisfactory health with no specific health problems other than those noted above; that I agree to comply with all department and Day Camp policies; and that I give my permission for my child to participate in all Day Camp activities, including transportation to such activities as necessary by Town bus, including out of camp trips which may include aquatic amusement park activities, and swimming. I also give my child permission to carry and self apply sunscreen that is FDA approved for OTC use. I further give permission for my child to be photographed and such photos may be used in our program brochures and other publications and videos. I also understand that all persons participate in Town recreation programs at their own risk and are NOT covered by Town of North Castle insurance. By signing below, I also give permission, in case of injury, to take my child to a hospital for treatment, to include evaluation of injuries, x-rays and needed care. Parent/Legal Guardian signature required.

Signature of Parent/Legal Guardian _____ **Date** _____

Camp Kick-a-Poo

Town & School District Resident Rates					
<i>Non-Residents May Register Beginning Monday, June 3, if space is available, at 20% higher Standard Rate</i>					
Last Day of Registration is Friday, June 14 <i>(after June 14 based on availability)</i>					
Early Bird Rate 3/6 - 5/15			Standard Rate 5/16 - 6/14		
Session	1st Child	Add. Child 10% off	Session	1st Child	Add. Child 10% off
#1 7/1-7/19	\$653	\$587.70	#1 7/1-7/19	\$729	\$656.10
#2 7/22-8/9	\$653	\$587.70	#2 7/22-8/9	\$729	\$656.10
Full Summer	\$1,186	\$1,067.40	Full Summer	\$1,340	\$1,206

No Camp Thursday, July 4th

Camp Chippewa

Town & School District Resident Rates					
<i>Non-Residents May Register Beginning Monday, June 3, if space is available, at 20% higher Standard Rate</i>					
Last Day of Registration is Friday, June 14 <i>(after June 14 based on availability)</i>					
Early Bird Rate 3/6 - 5/15			Standard Rate 5/16 - 6/14		
Session	1st Child	Add. Child 10% off	Session	1st Child	Add. Child 10% off
#1 7/1-7/19	\$906	\$815.40	#1 7/1-7/19	\$1,040	\$936
#2 7/22-8/9	\$906	\$815.40	#2 7/22-8/9	\$1,040	\$936
Full Summer	\$1,692	\$1,522.80	Full Summer	\$1,937	\$1,743.30

*** When registering, register the child with the LOWEST FEE TOTAL LAST. Not doing so may result in an incorrect discount; you will be responsible for all owed fees as a result. ***

To receive discounted rates as listed above, all registration steps must be completed by the end of office hours on the deadline dates as printed!! NO EXCEPTIONS !!!