

**Space is Limited!
Sign Up Early**

2020

Wilton Residents

**Sign ups for appointments begins on March 9 on line only.
You must have an online account to register for an appointment.**

Wilton Residents Walk in Registration begins March 19

Saratoga Springs School District Walk In Registration begins on April 22



**Wilton
Recreation
SUMMER
DAY CAMP**

Registration ends May 18

Or when camp is filled, whichever comes first.

SORRY NO EXCEPTIONS

**Registration forms will not be accepted
without current shot records and two proofs of
residency.**

PLEASE NOTE

FEE\$ ARE NON-REFUNDABLE. * SEE DETAILS.

Check, money order or credit card (Visa/Mastercard) accepted. NO CASH.



Summer Camp 2020

- No changes to address/email/phone from prior registrations (if applicable)
- Some information has changed (please circle or highlight changes)

CHILD'S NAME: _____ Home Phone: _____

Home Address: _____ State: _____ Zip: _____

Email Address: _____

Date of Birth: ____/____/____ Age: _____ School District: _____

Grade Entering in September 2020: 1-2 3-4 5-6 7-9

PARENT/GUARDIAN CONTACT INFO

Please list contacts in the order of preferred calling. DO NOT list parent if he/she is not authorized to pick up child. Parents/Guardians are always called first, before we use the emergency contact list below. ONLY those listed under parent/guardian contact have authority to change authorized pickups.

1. Name: _____ Cell Phone: _____

Employer: _____ Alt/Daytime Phone: _____

2. Name: _____ Cell Phone: _____

Employer: _____ Alt/Daytime Phone: _____

First & Last Names of Siblings attending camp: _____

Do you have a custodial agreement? No Yes **If yes, please submit a copy of your court documentation*

AUTHORIZED PICK UP & EMERGENCY CONTACTS (other than parents) *Please provide names and numbers of ONLY THOSE PEOPLE AVAILABLE DURING CAMP HOURS. Authorized pickups must be 16 years of age or older and must show ID. PLEASE LIST IN ORDER OF PREFERRED CONTACT. Only those listed under Parent/Guardian Contact have authority to change authorized pickups.*

1. Name: _____ Relationship to Camper: _____ Phone: _____

2. Name: _____ Relationship to Camper: _____ Phone: _____

3. Name: _____ Relationship to Camper: _____ Phone: _____

BUSING INFO (available in Wilton ONLY)

AM pick-up Address: _____

PM drop-off Address: _____

CHILD CHOICE TO STAY ONSITE (for trip participants) *I give my child permission to choose daily if s/he wishes to stay onsite for the day.*

Signature: _____ Date: _____

FIELD TRIP PERMISSION (for trip participants) *I give my child permission to attend the Wilton Recreation Summer Camp Program Field Trips.*

Please list any exceptions here: _____

Signature: _____ Date: _____

WALKING TRIPS: *I am aware that my child may take supervised walking trips outside of Gavin Park (i.e.: Dorothy Nolan)*

NOTICE REGARDING PHOTOS: *Photos taken at park-run programs may be used for Gavin Park brochures, program flyers, Gavin Park Facebook account and the Town of Wilton website, as well as newspaper and magazine advertisements.*

REFUND POLICY: NO REFUNDS FOR FEES OR DEPOSITS RELATED TO SUMMER CAMP - NO EXCEPTIONS. Initials: _____

MEDICAL HISTORY, HEALTH, MEDICATIONS & EMERGENCY INFORMATION

CHILD'S NAME: _____

Date of Birth: _____ / _____ / _____

1. AUTHORIZATION FOR THE MEDICAL TREATMENT OF MINORS

I authorize minor medical treatment, such as ice packs, Band Aids, etc., and grant parental permission, as allowed under the law, for provision of emergency medical, dental, and hospital services. In such cases, this form acts as a legal document giving permission for an authorized Town of Wilton representative to authorize treatment in your absence. However, a child may be treated without parental consent when a physician determines the child needs immediate medical care and that any attempt to obtain parental consent would result in a delay which would increase the risk to the child's health or life.

Parent/Guardian Initials: _____

2. ALLERGIES - please check all that apply and indicate type of reaction

- Bees/insects _____
(type of reaction)
- Food _____
(type of reaction)
- Penicillin _____
(type of reaction)
- Other allergies: _____

Reaction by: Touch Ingest Breathe

Reaction by: Touch Ingest Breathe

Reaction by: Touch Ingest Breathe

3. Please list any factor(s) that make it advisable for your child to follow a limited program of physical activity. (i.e.: heart condition, recent fractures, surgery, asthma, extreme fears, etc.): _____

4. Please list any medications given at home: _____

5. Other information or disabilities: _____

6. MEDICATIONS ADMINISTERED AT CAMP? No Yes *If yes, fill out MEDICATION FORM below*

- Child requires an EIPEN No Yes
I give permission for my child to self-administer his/her EIPEN at camp No Yes
- Child requires an INHALER No Yes
I give permission for my child to self-administer his/her INHALER at camp No Yes

Parent/Guardian Initials: _____

CAMPERS MUST BE ABLE TO SELF-MEDICATE. A DOCTORS NOTE IS REQUIRED FOR ALL PRESCRIPTIONS.

For the health and safety of the children, NY State Department of Health guidelines are followed for the storage and administration of all medications brought to camp. This completed form must be on file BEFORE THE START OF CAMP in order for your child to attend. ALL MEDICATIONS MUST ARRIVE THE WEEK BEFORE CAMP or camper will not be allowed to attend. All medications will be stored in a locked facility. **PARENT/GUARDIAN MUST DELIVER MEDICATION - CAMPERS MAY NOT DELIVER MEDICATION.** Prescribed medication must be kept in original container bearing the pharmacy label, which shows the date filled, the prescribing practitioner, the name of the medication, directions for use, any cautionary statements contained in such prescription (or as required by law) and the number of tablets or capsules in the container (if applicable).

Provide complete name, dosage, and directions for each medication listed below. Be specific and include required time(s) of administration. **MEDICATION FORM MUST BE COMPLETED.** If not, medication CAN NOT be administered at camp. Please print clearly.

Medication Name	Dosage	Time(s) Given

PHYSICIAN'S NAME: _____

Phone: _____

7. OVER THE COUNTER MEDICATIONS AT CAMP: The Wilton Recreation Summer Camp Staff has my permission to apply the following over the counter topical ointments/preparations for my child on an as needed basis: ice packs, band aids, triple antibiotic ointment, first aid & burn cream, sunscreen, sting relief, hydrocortisone, and antiseptic towelettes.

Please list any exceptions here: _____

By signing below I certify that the information contained in this form is true and correct to the best of my knowledge.

PARENT/GUARDIAN SIGNATURE: _____

Date: _____

Hold Harmless, Liability Waiver, and Rules Acknowledgement

Applicant hereby releases and is charged the Town of Wilton, the Town of Wilton Recreation Commission, and any of its employees and volunteers, at 10 Lewis Drive, Saratoga Springs, NY, from any and all claims, causes of action or liability for any injuries applicant may suffer resulting from participation in the Town of Wilton's sponsored activities or the use of the Town's facilities, whether or not the same arises out of, or results from, any act, omission, or conduct of any of the Town's Parties.

Section 1. Assumption of Risk, Release, and Waiver of Liability; indemnity concluded: Applicant acknowledges that he/she has carefully read this agreement and is aware that it contains a waiver and release of liability and the applicant is giving up substantial rights, including the right to sue. Applicant is signing this agreement of his/her own free will and intends for his/her signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. Misuse of equipment and facility will not be tolerated. Parents will be accountable for damage caused by their child(ren) or themselves. No disorderly conduct will be tolerated. This includes, but is not limited to, swearing, physical contact, verbal abuse, weapons, or items that could be used as weapons. Respect will be shown to staff and others at all times. Disciplinary procedures include verbal and written warnings, suspension, and/or expulsion. Each situation will be dealt with on an individual basis. Personal belongings (such as toys, CD players, cell phones, iPad, iPod, etc.) are not permitted in camp. All participants are expected to know and follow all the rules and regulations. Using good judgement and common sense will help ensure a continuous, equitable and enjoyable program. Parents will be notified of any disciplinary problem, either verbally or through written notice. Suspension or expulsion is our last resort.

Signature: _____

Date: _____

Please select your payment option:

Wilton Residents ONLY

Full Payment Option

50% Deposit (with remaining balance due by May 13)

Onsite Only \$575 per child

\$287.50 per child

Onsite/Trips \$925 per child

\$462.50 per child

Camp Shirt Size: Youth Sm Youth Med Youth Lg Adult Sm Adult Med Adult Lg Adult XL

Busing \$350 per household \$175 per household

Do you have another child signing up for busing this year? ___ Yes ___ No

Total Bus \$ _____

Wilton Resident Only names of children riding bus _____

50% Deposit

Extended care** 8:00-9:00 am \$210 per child

\$105 per child

\$ _____

Extended care** 3:00-5:30 pm \$325 per child

\$162.50 per child

\$ _____

Based on availability. (75 person max) **No busing with AM or PM extended care* must be a summer camp participant *

Saratoga Springs School District (After APRIL 22)-All Saratoga Springs School District must be paid in full.

Onsite Only \$950 per child

\$ _____

Onsite/Trips \$1350 per child

\$ _____

Extended care** 8:00-9:00 am \$245 per child

\$ _____

Extended care** 3:00-5:30 pm \$350 per child

\$ _____

Summer Breakers Club (8/17-8/21) \$200

(60 person maximum)

Grades 1-3

Grades 4-6

Total Breakers \$ _____

*must be registered for regular camp SSCSD registration after April 22

Additional Camp Shirts _____/shirts @ \$7 per shirt

Total Shirts \$ _____

Additional Family Members for End of Camp Picnic Lunch(n/c for camper) _____/people @ \$10.00 each

Total Lunch \$ _____

Payments for Summer Camp may be paid in full at the time of registration, or for Wilton Residents a maximum of 2 payments may be made for Summer Camp fees (only) with a 50% deposit due at the time of registration. Summer Breakers Club, additional camp shirts and end of camp picnic lunch are not included and must be paid for in full at the time of registration. For those selecting the partial 50% payment option, the final payment will be due on or before May 8. NO REFUNDS OR CREDITS WILL BE PERMITTED and failure to pay balance due prior to May 8 will result in the forfeiture of your child's camp enrollment and any prepaid deposit. NO EXCEPTIONS. Account balance due may be paid online, in person at the Gavin Park Office or by mail. Payment may be made by check payable to the Town of Wilton, MasterCard/VISA or money order. No cash payments will be accepted. Enrollments made after May 8 must be paid in full. All Saratoga Springs Schools District must be paid at time of enrollment.

For Office Use Only:

Proof of Residency (2 required)

License Tax Bill Nat'l Grid Water Other

Payment: \$ _____ Check # _____

Date: _____ MasterCard VISA

Shot Records Rec'd Yes No

Handbook Yes No

Camp Shirt (3) Yes No

Extra Shirts Yes No

Key Tags # _____ Yes No