

Pine Plains Recreation Department
Program Registration Form

Recreation Activity: Day Camp Date (Month/Year): Summer 2019

Participant Name: _____

Participant's Address: _____

Participant's Phone Number: _____

Town of Residence: _____

Participant's Date of Birth: _____ Age: _____

Grade: _____ (please write the current grade)

T-Shirt Size: Child: S M L OR Adult: S M L

Emergency Contact Information

Name of Physician: _____ Phone Number: _____

Person to be contacted in case of Emergency:

Name: _____ Relationship: _____

Daytime #: _____ Evening #: _____ Cell #: _____

While participating in the Activity, the Participant is subject to the policies, rules, and regulations of the Pine Plains Recreation Department.

Parent/Guardian Signature: _____ Date: _____

Participant Signature: _____

Pine Plains Recreation Department
Medical Release Form

Insurance Company Name: _____

Effective Date: _____

Address of Insurance Company: _____

Group Number: _____ Policy Number: _____

Policy Holder's Name: _____

Relationship to Participant: _____

I hereby authorize the release of any medical information which might be needed in connection with payments for medical services. I request that payment under my medical insurance program be made directly to the provider on any bills for services by the provider. *I understand that I am responsible for all cost that is not paid by my medical insurance company.* The town of Pine Plains and the Pine Plains Recreation Department are not responsible for any medical costs.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Pine Plains Summer Day Camp

I would like to register my child for the following sessions:

____ **Session I: July 1st – July 5th (NO CAMP ON 7/4)**

____ **Session II: July 8th – July 12th**

____ **Session III: July 15th – 19th**

____ **Session IV: July 22nd – July 26th**

____ **Session V: July 29th – August 2nd**

____ **Session VI: August 5th – August 9th**

I, _____, give permission for the Pine Plains Summer Day Camp Director or Assistant Director to apply sun block on my child, _____.

Parent Signature

Date

***All immunization and shot records are required for each child prior to attending Pine Plains Day Camp.**

***Weekly payment MUST be made before or on MONDAY MORNING!**