



FISHKILL RECREATION

793 Route 52, Fishkill, NY 12524 ~ tel. 845.831.3371 ~ fax 845.831.3169 ~ www.fishkillrecreation.com

REGISTRATION FORM

Please complete all applicable sections

Participant's Last Name	Participant's First Name	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address		
City	Zip Code	
School Attending in Fall	Grade Entering in Fall	

If Under 18, please complete:

Mother/Guardian 1		
Cell Phone	Daytime Phone	Email
Father/Guardian 2		
Cell Phone	Daytime Phone	Email
Emergency Contact (other than parent, to pick up child in the event of bad weather)		Daytime Phone

List of **Any and All Persons** (more than 3 are allowed) who will be picking up child from the program, **including parents**:

1)	Phone
2)	Phone
3)	Phone

FOR CAMP: Did camper submit updated Immunization Records in 2008 or 2009?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO , Medical Form & current immunization records are due by 6/12/09 or child will not be allowed to attend.
Does your child have a disability, which would require special attention or would limit participation in camp activities? If YES , please explain.		
Does your child require emergency treatment for any of the following: <input type="checkbox"/> Epilepsy <input type="checkbox"/> Diabetes <input type="checkbox"/> Nose Bleeds <input type="checkbox"/> Asthma <input type="checkbox"/> Bee Stings <input type="checkbox"/> Other _____		
Any Allergies? If YES , please explain.	Does your child currently taking any medication(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , complete Medical Form	

I hereby grant permission for my child to be transported and treated in the event of a medical emergency if I cannot be reached.

Parent/Guardian Signature	Date
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As the parent/legal guardian of the participant in the program(s) listed, I recognize and acknowledge that there are certain risks of physical injury. I agree to assume the full risks of any injuries, damages, or losses that are sustained as a result of such participation. I further acknowledge and understand that the Town of Fishkill does not provide accidental medical coverage, and it is my responsibility to provide appropriate coverage. I agree to waive and relinquish all claims and hold harmless the Town of Fishkill, the Recreation Department, and any officers, agents, and employees of the Town of Fishkill from any and all claims.

Parent/Guardian Signature	Date
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SUMMER CAMP PROGRAMS

				Fishkill Day Camp	Senior Camp	Extended Day	Teen Travelers
Week 1	June 28 th	thru	July 2 nd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Week 2	July 6 th	thru	July 9 th (no July 5th)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Week 3	July 12 th	thru	July 16 th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Week 4	July 19 th	thru	July 23 th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Session 1
Week 5	July 26 th	thru	July 30 th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 6	Aug 2 nd	thru	Aug 6 th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Week 7	Aug 9 th	thru	Aug 13 th	<input type="checkbox"/>	<input type="checkbox"/>	N/A	Session 2
	Aug 16 th	thru	Aug 20 th	N/A	N/A	N/A	<input type="checkbox"/>
All Seven Weeks				<input type="checkbox"/>	<input type="checkbox"/>		

	Weekly Price	All Weeks	All Weeks for Families of 3 Children or More	Extended Day	Teen Travelers
Residents of Fishkill	\$135	\$700	\$1750	\$40	\$400
Non-Fishkill Residents	\$155	\$825	\$2050	\$40	\$400

T-Shirt Size (please check one ~ \$15 for Teen Travelers Only)						
<input type="checkbox"/> Child Small	<input type="checkbox"/> Child Medium	<input type="checkbox"/> Child Large	<input type="checkbox"/> Adult Small	<input type="checkbox"/> Adult Medium	<input type="checkbox"/> Adult Large	<input type="checkbox"/> Adult XL

NON-CAMP PROGRAMS

Non-Camp Program(s) Attending:

Program Dates:

Program Fee:

1)		\$
2)		\$
3)		\$

Basketball League/Camp

Height: _____

Weight: _____

For Recreation Department Use Only:

Total Amount Due:	Confirmation Letter Processed:	Computer Processed:
Payment <input type="checkbox"/> Cash <input type="checkbox"/> Check \$ # _____	Receipt Number	Date
Waiting List?		