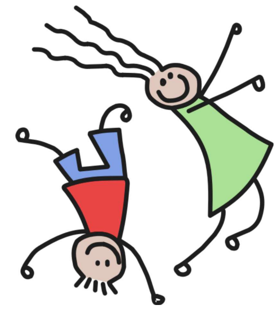
2026 Clinton Summer Camp Registration

Please complete and return the following:

- Form #1: General Information (with dates of camp to choose)
- Form #2: Medical information
- Form #3: Liability Waiver Release Form
- Form #4: Photo Release Form
- Form #5: Camper's Code of Conduct
- Proof of residency (if claiming Resident tuition rate)
- Fee
  - Tuition is **$200.00** per week for Town of Clinton **residents**
  - Tuition for **non-residents** is **$300.00** per week.
  - Please enclose the payment with your registration**.** Spots cannot be held without payment.



Drop off or mail all paperwork & payment to:		
Dawn Harkenrider, Assistant Recreation Director		
• Clinton Supervisor's Office 1215 Centre Road, Rhinebeck, NY 12572	OR	• 12 Friends View, Clinton Corners, NY 12514
Questions?? Please call **914-466-5760** or email: **clintonrec@townofclinton.com**		

ALL REGISTRATIONS ARE **DUE BY**

June 22, 2026 - FOR JULY CAMPS

July 20, 2026 - FOR AUGUST CAMPS

Camp Location: Fran Mark Park, 337 Clinton Hollow Road, Salt Point, NY 12578

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OFFICE USE ONLY:

DATE FORMS RECEIVED:	PAYMENT INFO, CHECK #

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- **FORM #1: GENERAL INFORMATION**

Child's Name _____

Child's age _____ **Grade** for 2026 - 2027 school year _____

ONLY CHILDREN ENTERING K-5 FOR THE UPCOMING SCHOOL YEAR CAN ATTEND CAMP

Please check the week(s) your child will attend camp:

Week	2025 Camp Dates	Check the week(s) your child will attend camp
Week 1	July 6 - July 10	
Week 2	July 13- July 17	
Week 3	August 3 - August 7	
Week 4	August 10 - August 14	

Parent Information:

	Parent #1	Parent #2
Parent / Guardian's Name		
Address		
City		
Cell Phone		
Home Phone		
Email		
Check the parent(s) the child resides with		

EMERGENCY CONTACTS: We need the names of **TWO** people who will be available to call during the 9-4 p.m. camp time.

Name	Phone	Relationship to camper

* If there is an existing Order of Protection, Custody Order, or other Court Order about the custody of your child, please indicate below and **submit a copy of such Order with this application**.

- **<u>FORM #2:</u> MEDICAL INFORMATION**

Child's Name _____

Family Doctor _____

Doctor Phone # _____

Primary Medical Insurance Company _____

Policy Number _____

QUESTION	NO	YES (Please explain all YES answers)
1. Does your child have a vision, hearing, or other physical disability that requires special attention or could limit participation in camp activities?		
2. Does your child require emergency treatment for epilepsy, diabetes, nose bleeds, bee stings, etc.?		
3. Does your child have allergies? If so, what are they allergic to?		
4. Does your child take any medications? Please list.		
5. Please list any additional information you wish for us to be aware of:		

I acknowledge that this information is correct to the best of my knowledge

Parent's Signature _____

Date _____

FORM #3: LIABILITY WAIVER RELEASE FORM: MINOR

Child's Name _____

1. I/We, the parents of the above-named child, hereby give my/our permission for his/her participation in the Town of Clinton Summer Recreation Program.
2. I/We acknowledge that there are inherent risks and opportunities for a child to be injured in normal activities of this program and assume all risks and hazards incidental to the conduct of the activities of this program.
3. I/We do further hereby agree to hold harmless the Town of Clinton, all the elected and appointed officers, employees, counselors, volunteers, and agents of the Town for any injury my/our child may suffer during this program.
4. I/We also agree to hold harmless any person transporting my/our child to and or from the activities of the program.
5. I/We release from any responsibility, the Town of Clinton, the Program Director(s), and/or Counselors for the loss of any personal property, including media/electronic devices, iPods, cell phones, games, and toys.
6. I/We authorize the Director of the Summer Recreation Program to contact my/our family doctor as listed above if I/We or the alternate is not available. Further, I/We authorize the Director of the Summer Recreation Program to transport my/our child to the doctor's office or nearest hospital, if necessary. I hereby accept responsibility for the payment of any emergency transportation or treatment on behalf of the participant.
7. I/We hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or a surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that the Town of Clinton will provide no medical insurance for such treatment and that the cost thereof will be at my expense.
8. I/We do not know of any physical disability or impairment that would prevent my/our child from participating in any activities of this program. Please list all known physical or mental conditions, allergies, or any medications currently being used by your child on the medical form (previous page).
9. I/We further agree that I/We will instruct our child to behave accordingly and listen to those adults or supervisors in charge and obey all rules and regulations of the program as instructed, or my/our child, upon notification, may be asked to leave the program.
10. This release is intended to discharge in advance the Town of Clinton, its officials, officers, employees, volunteers, and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assignees.

Parent's Signature _____ **Date** _____

Print Name _____

FORM #4: Photo Release Form for Minor Children

I, hereby authorize the Town of Clinton to publish the photographs taken of me and/or the minor child listed below, and our names, for use on the Town of Clinton website and/or Town of Clinton Summer Recreation Program website and for display in the town/ recreation facility. I release the Town of Clinton and the recreation program from any expectation of confidentiality for the minor child and myself, and attest that I am the parent or legal guardian of the child listed below and that I have the authority to authorize the Town of Clinton and the recreation program to use their photographs and names. I acknowledge that since participation in publications and websites produced by the Town of Clinton or the recreation program is voluntary, neither the minor child nor I will receive financial compensation. I further agree that participation in any publication and website produced by the Town of Clinton or the recreation program confers no rights of ownership whatsoever. I release the Town of Clinton, its officials, agents, volunteers, contractors, and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the minor child listed below.

Parent's Signature _____

Date _____

Name of Minor Child _____

Age _____

FORM #5: **Camper's Code of Conduct Agreement for Clinton Summer Camp**

As a participant in the Town of Clinton Summer Camp, I understand that the experience is meant to be safe, fun, and rewarding for everyone. To ensure a positive environment, I agree to the following:

1. **Respect Others**: I will treat fellow campers, counselors, and staff with kindness and respect. I will listen when others are speaking and take care to include everyone.

2. **Follow Directions**: I will listen to and follow the instructions given by camp leaders and staff. They are here to help provide a safe and enjoyable experience for everyone.

3. **Be Safe**: I will participate in camp activities safely and responsibly. I will use the equipment as instructed and report any unsafe conditions or behavior to a staff member.

4. **No Bullying**: I will not engage in bullying, teasing, or any behavior that may hurt or intimidate others. Instead, I will promote a friendly and supportive atmosphere.

5. **Keep the Camp Clean**: I will respect the camp environment by picking up after myself, using bins for trash and recycling, and taking care of the natural surroundings.

6. **Inclusivity**: I will encourage and include all campers, regardless of their backgrounds or abilities. Friendliness and open-mindedness are important values at camp.

7. **Respect Personal Space**: I will respect the personal space and belongings of others. I will ask for permission before borrowing or touching someone else's things.

8. **Stay Positive**: I will maintain a positive attitude and be open to trying new activities, participating in group games, and supporting others in their efforts.

9. **Follow Camp Rules**: I will adhere to all camp guidelines and policies, including any specific rules for activities, meals, and transitions.

By signing below, I acknowledge that I have read and understood the Camper's Code of Conduct Agreement. I commit to upholding these values throughout my time at camp. I understand that failure to follow this agreement may result in consequences as determined by the camp staff.

Camper Name: _____

Camper Signature: _____

Date: _____

With this agreement, we hope to create a wonderful and memorable camp experience for everyone involved!

Town of Clinton Summer Camp Fact Sheet

REGISTRATION INFORMATION:

- Regular Rec Camp is open to all children who will be entering grades K-5 for the following school year. <u>There will be no exceptions.</u>
- Sign-up will be first-come, first-served. A waiting list will be started if camps are filled.
- Please be aware that there is a cap of 10 children per session.
- Camp is $200.00 per week for town residents. The cost is $300.00 per week for non-residents.
- Registrations can be dropped off at the Supervisor's office (% Dawn Harkenrider) during normal business hours or mailed to Town of Clinton Recreation, 1215 Centre Road, Rhinebeck, NY 12572, or 12 Friends View, Clinton Corners, NY 12514
- Late Registrations will be accepted for an additional fee of **$25.00** with approval of the camp director
- Proof of Residency is required to register for camp at the town resident price.
- ****ALL REGISTRATIONS ARE DUE BY JUNE 22, 2026, FOR JULY CAMPS AND JULY 20, 2026, FOR AUGUST CAMPS*****

<u>CAMP INFORMATION:</u>

- Camp runs Monday through Friday, 9 am - 4 pm.
- If campers are not picked up on time, a fee of $5.00 for every fifteen minutes will be charged.
- Please notify the camp Director if your child will be missing camp
- Campers must bring snacks and lunch as well as drinks for the day. There is NO potable water at the park. There is a structured snack time and time for lunch. Please pack more food than you think they will need. They get hungry and thirsty as we are active all day.
- Our snack shack will be open after lunch, where kids can purchase snacks and drinks.
- Each day, campers should wear or bring their bathing suit, sunscreen, and a beach towel
- It is suggested that campers bring dry clothes to change into after swimming. Please label all bags, etc., with the camper's name.
- Campers are welcome to bring sports equipment, toys, or games to share during free time. There is a sand beach, so sand toys are welcome too. Please label all toys, etc., with your name, and please have campers leave any electronics at home.
- In case of prolonged severe inclement weather, the camp may be canceled. Camp Director will notify you.
- We are allowed to stay if there is a passing thunderstorm!
- If your child is being picked up by someone other than their parent/guardian, **<u>please send them with a note.</u>**

THIS PAGE IS YOURS TO KEEP!