

# Village of Haverstraw

## 2022 Summer Camp Fact Sheet

- Camp Fees: Village Residents - \$ 450.00 per child

Non-Residents - \$ 675.00 per child

- 10% Discount for sibling registrations
- After Camp Program \$200 for 6.5 weeks
- Late pick up fee = \$10 per hour

### Payment is due at registration

- Camp starts **Wednesday July 6<sup>th</sup>** ends **Friday August 19<sup>th</sup>**
- Camp hours: 9:00 am - 3:00 pm  
*After Camp Program available from 3:00pm - 5:30pm – see flyer*
- Ages – 6 years old (entering 1<sup>st</sup> grade) through 14 years old
- Breakfast and lunch is provided
- Applications being accepted on a first come, first served basis
- **125 children accepted**
- Refunds issued in the event of summer school (*proof required*)

**Return Applications to Village Hall: 40 New Main St., Haverstraw**

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### DOCUMENTS NEEDED FOR REGISTRATION

1. Immunization Record
2. Birth Certificate
3. Copy of Utility Bill
4. Release, Waiver and Consent form
5. Photo, Press, Audio & Electronic Media Release for Minors
6. Payment (**There will be a \$75 fee for any returned checks**)
7. Completed Application

**ALL APPLICATIONS MUST BE COMPLETE BEFORE BEING ACCEPTED  
(Village Staff cannot make any exceptions – Please don't ask.)**

# VILLAGE OF HAVERSTRAW - 2022 SUMMER CAMP

<input type="checkbox"/> Camp Application   Fee \$ _____	<input type="checkbox"/> After Camp Application   Fee \$ _____	<b>Total Fee \$</b> _____
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<b>Camper Information</b>	Name of Child:				Date of Birth:						
	Age:	Male / Female	Phone:			Email:					
	Name of parent(s)/Legal Guardians(s):										
	Address:			City:		State:		ZIP:			
	Attended Camp Before?		YES	NO	If Yes, How Many Times?						
	Able to swim in deep water?		YES	NO	Person Authorized To Pick Up Camper						
	T-Shirt Size (Circle One):		<u>Youth</u>	S	M	L	XL	<u>Adult</u>	S	M	L

<b>Emergency Contact</b>	Name:				Relationship:				
	Address:			City:		State:		ZIP:	
	Home Phone		Cell Phone			Work Phone			

<b>Medical History</b>	Does your child have problems with any of the following? If yes, explain.											
	<input type="radio"/> Diabetes			<input type="radio"/> High Blood Pressure			<input type="radio"/> Clotting Disorder			<input type="radio"/> Bleeding Disorders		
	<input type="radio"/> Heart Defect/Disease			<input type="radio"/> Seizures			<input type="radio"/> Ear Infections			<input type="radio"/> Poison Ivy		
	Explain:											
	Asthma?		YES	NO	Hearing/vision problems?			YES	NO			
	If YES, does he/she carry an inhaler?				YES	NO	Does he/she use hearing aid/glasses?				YES	NO
	Does your child have any allergies to food, bees, or medications? Please explain:											
	Please list ALL current medications:											
	Will your child need to take his/her medication while at camp? YES NO											
Does your child have any behavioral/psychological problems that need to be discussed with our camp staff?												
Any Dietary Restrictions?												
Is your child physically and emotionally able to participate in an active camp program? YES NO												

<b>Vaccines</b>	Please attach a copy of camper's immunizations records. All applicants must have proof of Varicella (chickenpox), Haemophilus influenza type B (bib), and Hepatitis B vaccinations prior to the start of camp.
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<b>Payment</b>	Name of Person Responsible for Payment _____
	Address _____
	Home Phone _____ Cell Phone _____ Work Phone _____



40 New Main Street  
Haverstraw, New York 10927  
Tele: (845) 429-0300 Fax: (845) 429-0353

## Village of Haverstraw Day Camp 2022 Release, Waiver and Consent Form

I am the parent/legal guardian of \_\_\_\_\_, who is, with my permission, a participant in the village camp program. In the event that I am not immediately available, should the participant suffer a serious or life-threatening injury for which emergency medical treatment may be necessary, I hereby authorize an appropriate adult staff member to engage qualified medical personnel to initiate any necessary medical treatment or care. In the event of such an injury, it is understood that camp staff will use all reasonable efforts to notify me (or the emergency contact listed on my child's application), where practical, prior to initiating medical treatment for any such injury to the participant. Should neither party be available, I hereby give permission to any such physician or other medical personnel to provide medical treatment deemed medically appropriate.

I understand and agree that I am responsible for all medical care expenses incurred to treat the Participant's injuries including, without limitation, physician, hospital, lab, drug and device expenses. I understand that the Village of Haverstraw is not responsible for any medical care expenses. The following policies or coverage are available to cover the cost of care to treat any injury incurred by the participant:

Insurance Company \_\_\_\_\_ Policy# \_\_\_\_\_

Signature of  
Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize my child to walk or bike home after the Village of Haverstraw Day Camp Program. This permission slip grants permission for **child to leave camp WITHOUT adult supervision.**

Signature of  
Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

There is no place to lock up valuables of any kind therefore; we recommend that participants do not bring electronics, large sums of cash, and other expensive items such as jewelry to camp. We suggest permanent labels for all your child's things but ultimately, participants are responsible for their belongings at all times.

I read the above information and understand that Village of Haverstraw Day Camp will not assume responsibility for ANY lost, stolen, or damaged items that are brought to camp.

Signature of  
Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# VILLAGE OF HAVERSTRAW

## *HAVERSTRAW CENTER*

*Marion Breland, LCSW, CASAC, CPP*  
*Director of Youth and Family Services*  
*(845) 429-5731*  
*(845) 429-5796 (fax)*

### **PHOTO, PRESS, AUDIO, AND ELECTRONIC MEDIA RELEASE** **FOR MINORS**

**NAME OF PARTICIPANT:** \_\_\_\_\_  
(Last) (First) (Middle)

**NAME OF PARENT/GUARDIAN:**  
\_\_\_\_\_

**ADDRESS:**  
\_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**PHONE:** ( \_\_\_\_\_ ) \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

I/We understand that when participating in Haverstraw Center activities the registrant may be photographed for print, video, or electronic imaging and I/we thereby consent to the use of such images in promotional materials, news releases, and other published formats.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent or Guardian)

*50 West Broad Street, Haverstraw, New York 10927*