

Town of Clifton Park Full Day Summer Camp Registration Form I

Please fill out this form **COMPLETELY** and **LEGIBLY**.

Child's Name: _____ Site: **Clifton Common**

Date of Birth: _____ Grade *entering in Fall 2026*: _____

Address: _____

Town/City: _____ State: _____ Zip Code: _____

Email Address: _____

Siblings in this camp: _____ Grade: _____

_____ Grade: _____

Emergency Contacts during Camp Hours (must list at least two)

Please star* people who are authorized to pick up child

Relationship	Name	Phone Number
Parent		
Parent		

MEDICAL INFORMATION

Please indicate day, month, and year of most recent immunization for each:

Polio (OPV/IPV)	___/___/___	Diphtheria, Tetanus, Pertussis (DPT)	___/___/___
Hepatitis Series (Hep)	___/___/___	Measles, Mumps, Rubella (MMR)	___/___/___
Hemophilus Influenza Type B (Hib)	___/___/___	Varicella (Chicken Pox)	___/___/___

PLEASE INDICATE THE FOLLOWING:

- ___ My child uses an inhaler*
- ___ My child uses an Epi Pen*
- ___ My child has permission to carry and apply his/her own FDA-approved sunscreen

Please note any recent/current illness/injury or existing medical conditions:

Food/drug/other allergies: _____

Prescription medication: _____

Special Accommodations: _____

The Town of Clifton Park supports the 1992 Americans with Disabilities Act. Please briefly describe any special accommodations your child may need to participate, and someone will contact you.

* In order for medication (inhalers & Epi Pens) to be taken at camp, we must have written **permission from parent and written order from doctor**. Please fill out attached medical form and find Epi Pen protocol information in Parent Handbook available at www.CliftonParkNY.gov.

WAIVER AND RELEASES

PLEASE READ CAREFULLY. BY SIGNING BELOW, YOU AGREE TO THE FOLLOWING:

I hereby grant permission for my child, identified above, to participate in the Clifton Park Summer Recreation Program and acknowledge all rules, regulations and directives of the program. I have received the parent handbook and will familiarize myself with the program guidelines. I assume, for and on behalf of my child, all risks and hazards incidental to such participation. I also recognize the difficulties and challenges involved in the outdoor, sports programs and camps, and that my child is sufficiently physically and psychologically fit to participate and has not been advised otherwise by a physician. I agree to indemnify and hold harmless the Town of Clifton Park, its employees and personnel from any and all claims, causes of action, liability for injuries or damages which may arise as a result of participating in this summer recreation program and its trips and activities, including, but not limited to, reasonable attorney's fees and the costs and disbursements of any legal actions. I do hereby waive, relinquish, release, discharge, and hold The Town of Clifton Park harmless from any and all liabilities, for any physical or mental injury or aggravation of any pre-existing illness, handicap, and death, loss of enjoyment, or any other harm or loss of nature which may be sustained by my child while participating in the Summer Recreation Program. The scope of this agreement extends to any actions taken by the Town of Clifton Park Office of Parks and Recreation, the Town of Clifton Park, its employees, personnel, volunteers, and the instructor of any class or activity in responding to any emergency and/or medical situation or event. I further agree that they may act in an emergency as best fits the situation in the event either myself or emergency contact cannot be timely reached.

Participants may be photographed while participating in a Clifton Park Parks & Recreation camp and said photographs may be used to publicize activities as the Town deems appropriate.

___ I give my child permission to ride his/her bike, walk or skate to and from the Clifton Park Summer Day Camp Site.

___ I give my child permission to attend the field trip for the week they are registered for the Clifton Park Full Day Summer Camp

_____ Date

_____ Signature of Parent/Guardian

Town of Clifton Park Full Day Summer Camp Registration Form II

Please fill out this form **COMPLETELY** and **LEGIBLY**.

Full Day Camp Registration includes a camp t-shirt, which is required for field trips. Please indicate size.

Child's Name: _____ Site: **Clifton Common**

Date of Birth: _____ Grade *entering in Fall 2026*: _____

Address: _____

Town/City: _____ State: _____ Zip Code: _____

YOUTH	Small	Medium	Large	
ADULT	Small	Medium	Large	XL/XXL

Indicate the weeks your child will attend the Full Day Camp.

Regular camp hours are from 9 am to 4 pm. Before and After care are available at an additional cost.

SESSION	DATES	COST	BEFORE-CARE <i>7:30am – 9:00am</i>	AFTER-CARE <i>4:00pm – 6:00pm</i>	SUBTOTAL
Week 1	June 29 – July 3	\$140	\$30	\$38	\$
Week 2	July 6 – July 10	\$140	\$30	\$38	\$
Week 3	July 13 – July 17	\$140	\$30	\$38	\$
Week 4	July 20 – July 24	\$140	\$30	\$38	\$
Week 5	July 27 – July 31	\$140	\$30	\$38	\$
Week 6	August 3 – August 7	\$140	\$30	\$38	\$
Week 7	August 10 – August 14	\$140	\$30	\$38	\$
Week 8	August 17 – August 21	\$140	\$30	\$38	\$

<i>Office Use Only:</i>	<i>Amount Paid:</i>	<i>Date Paid:</i>	<i>Amount Remaining:</i>	<i>Total Due:</i>
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Full Day Camp is an eight-week program. Minimum \$50 per week per child non-refundable payment due at the time of registration. Remainder of payment must be made by June 5, 2026. Per our refund policy, there will be no refunds or changes after June 5, 2026. Lunch will be provided two days per week (please refer to the calendar for lunch days). All other days bring your own lunch. Children are recommended to bring a snack and drink (NO GLASS containers please, no nut products). Calendars and Parent Handbooks will be available by May 14th. A late fee may be charged if tardiness for pickup becomes a problem.

Date: _____ Signature of Parent/Guardian: _____

Town of Clifton Park Summer Camp Medication Authorization Form

Please complete if your child must self-administer medication at their camp site. The Town of Clifton Park Summer Recreation Program is a day camp and **camp staff are not allowed to dispense medication** (with the exception of epi-pens). Only diabetic medication, inhalers and other allergy medications are allowed to be brought in by campers.

THE FOLLOWING SECTION IS TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN

Child's Full Name: _____ Grade *entering in Fall 2026*: _____ Site: _____

PHYSICIAN'S INFORMATION	Name: _____	Address: _____	Phone: _____
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My child has permission to:
 carry his/her medication to camp
 have medication available at camp (parent/guardian must deliver and bring medicine home daily.)
 my child has been trained to self-administer his/her medication

_____ Date _____ Parent/Guardian Signature _____ Phone _____ Emergency Contact Phone

THE FOLLOWING SECTION IS TO BE COMPLETED AND SIGNED BY THE PRESCRIBING PHYSICIAN

Name of Medication: _____ Form: _____ Dose: _____
 Has child been trained to self-administer? YES NO
 If medicine is to be taken "WHEN NEEDED" describe indications: _____
 How soon can the medication be repeated? _____
 List significant side effects: _____
 Other information: _____

 Expiration Date of Medication: _____

_____ Date _____ Physician Signature _____ Physician's Name (please print)

Office Use Only:	Demonstration of self-administration <input type="checkbox"/> YES <input type="checkbox"/> NO	_____ Signature of Health Director _____ Date
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