

# Town of Clifton Park Half Day Summer Camp Registration Form

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

**Registrations must be received at least 5 business days before attending camp.**

Child's Name: \_\_\_\_\_ Site: \_\_\_\_\_

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)	___/___/___
Haemophilus 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](http://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.

\_\_\_\_\_ 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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