TOWN OF HALFMOON SUMMER CAMP REGISTRATION

										_		
Email:												
Guardian #1:				Cell #:		Work #:	Work Ext:_	Alte	ernate #:			
Guardian #2:				Cell #:		Work #:	Work Ext:_	Alte	ernate #:			
Additional Emerger	ncy Contact:			Cell #:		Work #:	Work Ext:_	Alte	ernate #:			
Authorized Pick Up	S (First & Last name of 3	B persons not list	ed above)	(1)		(2)	(3)					
Child's Nar	ne (First & Last)	Grade (in the Fall)	D.O.B.	Sex (M or F)	Attended last year?	(allergies, current medications, serious li	nformation imitations, medical problems, should be aware of)		dication camp?	Ethnicity (circle one)		
										White		
										Black		
										Asian		
										Hispanic		
										American Indian		
										2 or more races		
TRANSPORTATION INFORMATION												
						TO BE COMPLETE BY STA	FF					
Are you using bu	s transportation? Yes	s No_	Gı	ıardian İni	tial	Staff Initials:	AM STOP	PM STOP		Wrap		
<u> </u>												
<u>Initials</u>				Please	READ an	d Initial the following statements	to acknowledge					
	Lacknowledge that D	Please READ and Initial the following statements to acknowledge chowledge that PM transportation will NOT be provided for children attending Wednesday long trips (7/10, 7/24 and 8/7). Therefore, I will need to pick my child up										
							(1/10, 1/24 and 0/1).	riereiore, i wiii ii	eed to pici	K my child up		
	from the Pavilion. Further, I acknowledge that the child must be signed out. I hereby give permission to Halfmoon Recreation to transport my child to the Halfmoon Town Park to use amenities at appropriate times deemed suitable by the											
	Recreation Director (GRADES 4-8 ONLY)											
	I acknowledge that Halfmoon Recreation is required to transport my child(ren) to and from all trips and lessons. I further acknowledge that I will not be able to drop off/pick up my child(ren) from any trips or lessons.											
					o in the mor	rning. I also acknowledge that my o	child will be dropped off	in the afternoon	without a	an adult present		
	unless I sign below.	By signing be	low, a parer	nt/guardian	or other de	esignated person is required to be a	at the PM bus stop for pi					
						recurring issue, the Director may re		•	-			
I require my chil	d to have a parent/g	uardian or ot	her designa	ated respo	onsible per	rson at the PM bus stop.	Parent/Guardi	ian Signature		_		

I hereby grant that my child / children, identified above, can participate in the 2019 Summer Recreation Program with the Town of Halfmoon. I further agree that if he / she becomes injured, the Town of Halfmoon and the Town of Halfmoon Recreation Department, through its servants, officers, employees, or agents, may obtain emergency medical treatment / and transportation as deemed necessary to provide individual safety and wellbeing. I further understand that the Town of Halfmoon will first attempt to contact me at the numbers listed on the registration form to obtain consent for treatment if the conditions and time permits.

The undersigned states that he/she understands that the Town of Halfmoon is not and shall not be responsible for or liable for any illness, injury to person or damage to property resulting from the program, activities occurring during the program and/ or transportation during the program, and the undersigned hereby releases and holds harmless the Town of Halfmoon from all claims of any kind that the undersigned or his/her heirs, executors, administrators, or assigns may have either individually or as a parent and natural guardian for any claim that has resulted from the child's participation in the program. Also, the undersigned waives any and all claims that he/she alleges or his/her heirs, executors, administrators, or assigned may have or claim to have resulting from a photograph (black/white or color) or video taken of said person while participating in the program.

I hereby agree to indemnify and hold the Town of Halfmoon, its employees, servants, officers and agents free and harmless from and against any and all losses, liabilities, causes of action, all other types of claims of every kind and character arising out of, relating to, and occurring either directly out of the use of any or all of the Halfmoon facilities, parks, municipal buildings, streets, highway or other lands by the undersigned either as individuals / parents of minor children or as member of a group or as result of any acts and or omissions including negligence by the Town of Halfmoon, its officers, servants, employees, and agents. I further agree to investigate, handle, respond to, provide defense for and defend any such cause of action, lessor other claims at my sole expense and agree to bear all other costs and expenses related there to.

* I Have Read & Understand the Registration, Authorized Participation And Waiver Statement and Indemnification Waiver. I understand that if any clause, sentence, paragraph, section or part of the Recreation Statement is judged by any court of competent jurisdiction to be invalid, such judgment shall not affect, impair or invalidate the remainder thereof, but shall be confined in its operation to the clause, sentence, paragraph, section or part there of directly involved in the controversy in which such judgment shall have rendered.

	SIGNATURE OF GUARDIAN	PRINT	DATE					
<u>Initials</u>	Please READ and INITIAL the following statements to acknowledge							
	I have been made aware that a digital copy of the brochure/parent handbook is posted on the town's website for the duration of the summer program. I hereby state that I understand, and acknowledge the policies/rules of the Halfmoon Recreation Program and will explain them carefully to my child(ren). I understand that if any inappropriate behavior is displayed, my child(ren) may be dismissed from the program and no fees will be refunded.							
	The included Medical information and Immunization Records in the care of any child participating in the program as deemed		ne right to require an aid be present to assist					
	I acknowledge any financial charges resulting from damage to	to a site, bus, or field trip will be solely my responsibility.						
	I have received all (3) permission slips. I understand the 1s 3rd slip (weeks 5-6) by July 17 th. I understand that once turn copy can be printed from the Town's website. Due to the cost	ned in, NO changes may be made. I also understand if the p	permission slips are misplaced, an additional					
		trip requires (i.e. waivers, lunch, socks & sneakers) and unde						
	I acknowledge that trips and lessons may conflict and if I sign lessons are non-refundable.	n my child(ren) up for a trip that does conflict; my child(ren) w	will be sent on the field trip. I understand that					
	I give my child(ren) permission to carry and use sunscreen a	t camp. I hereby permit staff to only apply the provided suns	screen to my child.					
	I understand that except the trips to Great Escape Indoor Loc The total missed trip(s) amount minus the \$2 transportation f	dge, Great Escape (Six Flags), Dave & Buster's, Sky Zone p ree needs to be at least \$25 per family in order to receive a re						
	I acknowledge that after June 7 th , my child will remain in the result in re-registration of the child and an additional registrational child before the deadline.	grade level (entering in the fall) specified on the registration place. I also acknowledge that I need to submit in writing a						
	I acknowledge that only authorized person(s) with a photo ID writing before they will be allowed to pick up.	may pick up my child. Further, I understand that any additio	onal authorized pick-ups must be submitted in					