

DAY CAMP (K- 4TH GRADE GIRLS & BOYS) AS OF SEPTEMBER 2025

On a First Come First Serve Basis- Limited Enrollment.
ONLINE REGISTRATION AVAILABLE FOR SUMMER CAMP!
 Go to www.TownOfCortlandt.com/Reonline

RPG (Registered Parent/ Guardian) Name _____ RPG DOB _____

Home Address _____ PO Box _____

City _____ Zip _____

Email Address _____

Work Phone # _____ Home Phone # _____ Cell Phone # _____

Last Name of Camper _____ First _____

Child's DOB _____ Age _____ Sex M OR F (Circle One) Grade in Fall '25 _____

Parent/Guardian 1 Name _____

Work Phone # _____ Cell Phone # _____

Parent/Guardian 2 Name _____

Work Phone # _____ Cell Phone # _____

Mailing Address (If Different From Above) _____

Emergency Name (Other Than Parent) _____ Phone # _____

Relationship to the Child _____

REGISTERED AND PAID IN FULL BEFORE FRIDAY, 6/13 <ul style="list-style-type: none"> • Session I \$430.00 • Session II \$430.00 • Session III \$430.00 • All Three Sessions \$1,210.00 	REGISTERED AND PAID IN FULL AFTER FRIDAY, 6/13 <ul style="list-style-type: none"> • Session I \$455.00 • Session II \$455.00 • Session III \$455.00 • All Three Sessions \$1,285.00
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MAKE CHECKS PAYABLE TO: TOWN OF CORTLANDT DEPT. OF RECREATION & CONSERVATION
1 Heady Street, Cortlandt Manor, NY 10567-1254

**ALL NEW RATES FOR CAMP 2025* ALL SESSIONS MUST BE PAID IN FULL*

CAMP SESSIONS: PLEASE CHECK THE APPROPRIATE BOXES BELOW				
100-1U	Session I	June 30- July 11		\$
100-2U	Session II	July 14- July 25		\$
100-3U	Session III	July 28- August 8		\$
All 3 Sessions	Session I, II, III	June 30- August 8		\$
TOTAL				

YOU MUST ENTER THE IMMUNIZATION DATES BELOW (MONTH, DAY, & YEAR) AS WELL AS SUBMIT DOCUMENTED PROOF OF IMMUNIZATIONS FROM A PHYSICIAN TO TOCREC@TOWNOFCORTLANDT.COM.

PLEASE NOTE THAT THE COVID-19 VACCINE IS NOT REQUIRED.

Diphtheria/ Pertusis/ Toxoid (DPT) (5 doses)	Dates:	1.	2.	3.	4.	5.
Oral Polio Vaccine (OPV) (4 doses)	Dates:	1.	2.	3.	4.	
Measles/ Mumps/ Rubella (MMR) (2 doses)	Dates:	1.	2.			
Hepatitis B (Hep B) (3 doses)	Dates:	1.	2.	3.		
Haemophilus influenza Type B (Hib) (4 doses)	Dates:	1.	2.	3.	4.	
Varicella (Chicken Pox) (2 doses)	Dates:	1.	2.	Check here if the child had disease: _____		
COVID-19 (1 to 3 doses)	Dates:	1.	2.	3.		

Doctor's Name _____ Phone # _____

Allergies, medical problems, medications, special diet information, restriction on activity, etc.:

Hospitalization Insurance Company _____ ID# _____

CAMP RELEASE: I give permission, in case of injury, to take my child to a hospital for treatment, to include evaluation of injuries, x-rays and needed care. My signature below ALSO GIVES PERMISSION for my child to participate in all camp activities and to attend all off-site trips (any trip outside of campgrounds) which includes but are not limited to the CHARLES J. COOK POOL, AND ACTIVITIES, NATURE CENTERS, BOWLING ALLEYS AND MOVIE THEATERS. I understand that my child will accompany the Town of Cortlandt Department of Recreation & Conservation and its camp staff on all of these trips. In addition, I give my child permission to carry and apply sunscreen and carry and apply bug spray.

INJURY RELEASE: I agree, or agree on behalf of my minor child, to assume: (i) all risk of personal injury or loss; (ii) bodily injury; and (iii) damage to, loss of, or destruction of any personal property resulting from or arising out of participation in the designated activity. I also release, waive, indemnify, hold harmless, and discharge the Town of Cortlandt from all claims, damages, and injuries arising out of my or my minor child's activities, including my or my minor child's use of equipment and facilities provided by the Town of Cortlandt.

PHOTO RELEASE: I grant permission to the Town of Cortlandt, on behalf of its agents or employees, to use photographs taken of me on the date and at the location listed below for use in town publications such as brochures and magazines, and to use the photographs on display boards, and to use such photographs in electronic versions of the same publications or on the Town of Cortlandt web site. I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from the related to the use of the photograph. I hereby agree to release, defend, and hold harmless the Town of Cortlandt and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any misuse, distortion, blurring, alterations, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution. **I Accept** _____

By signing up for a program through Community Pass and the Town of Cortlandt Recreation Department, you will automatically be enrolled to receive future communications from the Town of Cortlandt. You may opt of these future communications by clicking unsubscribe.

Parent/Guardian Signature _____ Date _____

The original Camp Application with Medical History/Immunization Records written ONTO the form and permission slip for Hospital care will be kept filed at the Town of Cortlandt Recreation Office during the camp season.

THE TOWN OF CORTLANDT DOES NOT PROVIDE ACCIDENT INSURANCE

FOR OFFICE USE ONLY
TR# _____
CC# _____
Deposited \$ _____
Date _____