

**City of Newburgh Recreation Department**  
**Summer Playground**  
**401 Washington Street, Newburgh, NY 12550**

2010 – SUMMER PLAYGROUND REGISTRATION FORM

This Camp complies with regulations of the Orange County Department of Public Health.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male/Female \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Please list the names and phone # of any person to whom we may release your child and/or contact in the event of an emergency. Please note that for the safety of your child, we will not release your child to any persons not listed for any reason. All person(s) picking up child(ren) must be at least 18 years of age and must present a photo ID.

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Payments due at time of registration (cash or money orders only) residents \$100 per child per session, non-residents \$150 per child per session. DSS participants must provide DSS acceptance letter at time of registration. All payments are non-refundable.

Resident  Non-Resident

I understand that the cost listed above represents the full cost of each session my child is enrolled in the City of Newburgh Recreation Summer Playground. I understand that the person signing this agreement is responsible for payment for each session my child attends the City of Newburgh Summer Playground. I understand that there will be no reduction in fee for my child's absence due to illness, vacation or when an emergency closing is deemed necessary. (initial) \_\_\_\_\_

Summer Playground begins at \_\_\_\_\_ a.m. and ends at \_\_\_\_\_ p.m.

Please Circle(s) session that your child will be attending.

**First Session: July 5 - July 16      Second Session: July 19 – July 30      Third Session: August 2 – August 13**

**SIGNATURES:** The above terms have been read, are understood and agreed to, and I am enrolling my child in the City of Newburgh Recreation Summer Playground.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Medical History**

Child's Name \_\_\_\_\_

Please list any special allergies (medication, bee sting, foods, etc) or any other medical problems or physical conditions of which Summer Playground staff should be made aware \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specific information regarding child's development (physical, emotional, cognitive) \_\_\_\_\_

\_\_\_\_\_

Any specific activities restrictions \_\_\_\_\_

\_\_\_\_\_

Do you have medical insurance? \_\_\_\_ Yes \_\_\_\_ No

Insurance Carrier \_\_\_\_\_ Name of insured \_\_\_\_\_

Member ID # \_\_\_\_\_ Group # \_\_\_\_\_

PERMISSION TO SEEK MEDICAL TREATMENT

I am filling out this form for my child \_\_\_\_\_, in the event that I can not be reached in an emergency; I hereby give my permission to the City of Newburgh Recreational Summer Playground staff to secure medical treatment for my child. I also understand that EMS will handle any emergency requiring assistance and if ambulance transport will be required.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

PARENT /GUARDIAN AUTHORIZATION

This health history is correct so far as I know, and the person herein described has permission to engage in all camp activities, except as noted by me above.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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2010 – SUMMER PLAYGROUND FIELD TRIP AUTHORIZATION FORM

Child's Name \_\_\_\_\_

Throughout the summer your child will be participating in various activities, including field trips and/or swimming. All field trips/activities will be via walking or by transportation by bus. All trips/activities will be properly supervised by recreational summer playground staff. These trips/activities require parents to sign a specific permission form.

I, the undersigned, give my child permission to participate in all programs and activities including field trips and swimming, provided through the City of Newburgh Recreation Summer Playground.

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

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2010 - SUMMER CAMP PHOTO PERMISSION FORM

Child's Name \_\_\_\_\_

I, \_\_\_\_\_, do hereby give the City of Newburgh Recreation Summer Playground, permission to photograph my child or release photograph to the media or any events that they participate in the Summer Playground.

I, \_\_\_\_\_, do not give the City of Newburgh Recreation Summer Playground Permission to photograph my child or release photograph to the media or any events that they participate in the Summer Playground.

I am the parent or guardian of the minor named above and has the legal authority to execute the above release.

Parent/Guardian Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

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Waiver (to be completed by ALL participants, regardless of age):

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_  
(Print Name) (Name of Child)

The undersigned, in consideration of adequate and sufficient consideration which is hereby acknowledged, hereby agree to release, discharge and hold harmless the City of Newburgh, its officers, employees and agents from any and all claims, actions, incidental or consequential or unknown damages, for my child to participate in the City of Newburgh Summer Playground July 5, 2010 to August 13, 2010.

I hereby waive any and all such claims and hereby release the City of Newburgh, its officers, employees, and agents there from. This Waiver shall be in favor and insure to the benefit of the City of Newburgh and its respective affiliates, successors and assigns.

This waiver and release shall be a continuing one and shall survive the termination or expiration of any further actions, proceedings or agreements relating to the underlying event.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Telephone #