

2010 SUMMER PROGRAM REGISTRATION FORM

Please print and mail completed form with payment to: 225 Columbia Turnpike, Rensselaer, NY 12144.
Please make all checks payable to **E.G. Youth Department**.

E-MAILED FORMS WILL NOT BE ACCEPTED.

Participant Last Name: _____ First Name: _____

Male Female (circle one) DOB: ____/____/____ Age (at start of program): _____

School: _____ Grade (for '09-'10 school year): _____ Teacher: _____

Home Address: _____
(House or Apartment Number and Street)

City/Town: _____ Zip Code: _____

Parent/Guardian First & Last Name: _____

Home Phone #: _____ Phone # During Camp: _____

Alternative Emergency Contact Information: If the Youth and Recreation Department cannot reach you at the above contact numbers, then whom should we contact?

Last Name: _____ First Name: _____

Home Phone #: _____ Alt. Phone #: _____ Relationship: _____

Medical Concerns: Please be advised that all medical concerns including allergies (food, meds, insect, etc) and behavioral, developmental, and health problems (asthma, diabetes) must be reported even if your child is not currently taking medications. This will help us create a more enjoyable experience for your camper.

In the event of an emergency, your child(ren) will be transported to the nearest medical facility possible. *Please read and sign below:* In the event that I cannot be reached, I give permission for my child(ren) to be given medical treatment:

Parent/Guardian Signature: _____ Date: ____/____/____

This page must be filled out for all programs. Please use one of the following pages to register for the specific program.

Day Camp: (Please circle one)

Session A: July 5-July 23 **\$257.00** **Session B:** July 26-August 13 **\$257.00**

Individuals who wish to participate in both sessions may do so.

Town Residents are asked to register by May 31st or will be placed on a wait list and subject to a \$20 late fee.

Non-residents come first serve will be put on a wait list and will be notified by June 7th. Do not send any money until you receive a camper confirmation form. There is a one-time charge of \$20 for non residents.

There is a 2 week minimum registration for each session.

Bus Route: Bus transportation is provided for Day Camp participants who reside within the Town of East Greenbush. Non-residents may use the bus transportation, but must transport their camper to a bus stop on the route. Your bus route number will be determined based on your home address and will be marked on the Camper Confirmation form we send to you along with generalized route directions. Please circle if you will be utilizing the bus route.

YES **NO**

Counselor in Training: This is excellent pre-employment training. If your child is 14-15 years of age at the start of camp, they may become a C.I.T. C.I.T.'s may indicate their experience on future employment applications and receive a free T-Shirt.

My child would like to be a C.I.T. _____ Please indicate t-shirt size below.

Immunization Forms (Day Camp Only): As per Health Department regulations, immunization forms must be updated every year even if there are no changes. Participants whose records are not received upon the start of camp will not be able to participate until records are received.

Office Use Only: _____ **Yes, we have records.** **Date received:** _____

Group with: Child will be grouped with friends, relatives, or neighbors only if indicated. Campers must be close in age. _____

T-Shirts: Shirts are available for Day Camp only. Shirts are provided free of charge and will be mandatory on days the camp travels outside of the Town Park.

Youth Sizes: 6-8 _____ 10-12 _____ 14-16 _____

Adult Sizes: S _____ M _____ L _____ XL _____

Activity Fee: **\$257.00** (May be paid in installments. Full balance due by start of camp)

Late Fee: (one time fee applied after 5/31) \$ _____

Non-Resident Fee: (fee applied after 6/8) \$ _____

Total: \$ _____

Office Use Only:

Amount Paid: _____ Date: _____ Bal. Due: _____

Amount Paid: _____ Date: _____ Bal. Due: _____

Amount Paid: _____ Date: _____ Bal. Due: _____

Amount Paid: _____ Date: _____ Bal. Due: _____

This page is not needed if signing up for Day Camp only.

USSI Sport Camp: This camp is provided by the US Sports Institute and is held at the Elliot Road Town Park. The US Sports Institute provides all equipment needed.

_____ Session A: Aug. 16-20, 9 a.m. to 1 p.m. ages 5-7 years.	\$129.00
_____ Session B: Aug. 16-20, 9 a.m. to 3 p.m. ages 7-14 years.	\$149.00
_____ Session C:(Sports Squirts) Aug. 16-20, 4 p.m. to 5:30 p.m. ages 3-5 years.	\$89.00
_____ Session D: Aug. 23-27, 9 a.m. to 1 p.m. Participants must be ages 5-7 years.	\$129.00
_____ Session E: Aug. 23-27, 9 a.m. to 3 p.m. Participants must be ages 7-14 years.	\$149.00
_____ Golf Clinic: Aug. 23-27, 4 p.m. to 5:30 p.m. ages 5-7 years.	\$109
_____ Golf Clinic: Aug. 23-27, 5:30 p.m. to 7 p.m. ages 8-11 years.	\$109

All participants will receive a free t-shirt. For more information on this camp, contact the Department of Community and Recreational Activities by phone at 477-5412, by e-mail at Trgant@nycap.rr.com or visit the USSi website at www.ussportsinstitute.com

All program dates and fees are subject to change.