



2023 Camp Registration Form

Child's Name:		
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DOB:	Age:	Grade entering '23-'24 school year:
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Select Program & Dates by Circling Your Preferences:

Day Camp(s):	Baker Park (Buffalo St)	Sonnenberg Park (Howell St)			
\$140/week	Primary School (North Pearl Street) ->	TACC (Elementary) +\$20/week <small>(The After Camp Club – Elementary Campers Only)</small>			
Circle all weeks attending:					
1 (6/26-6/30) <small>*Kindness Matters*</small>	2 (7/3-7/7) <small>*History Matters*</small>	3 (7/10-7/14) <small>*Our Heroes Matter*</small>	4 (7/11-7/21) <small>*Animals Matter*</small>	5 (7/24-7/28) <small>*Clean Water Matters*</small>	6 (7/31-8/4) <small>*Community Matters*</small>

Kiddie Kamp:	(Primary School)				
\$75/week					
Circle all weeks attending:					
1 (6/26-6/30) <small>*Camp for all Seasons*</small>	2 (7/3-7/7) <small>*Jurassic Explorer*</small>	3 (7/10-7/14) <small>*Disney Magic*</small>	4 (7/11-7/21) <small>*Musical Memories*</small>	5 (7/24-7/28) <small>*Things that Go!*</small>	6 (7/31-8/4) <small>*Pirate Party*</small>

Counselor in Training (CIT) program:	full summer	\$50/summer
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Anything Goes Camp:	(Primary School)			
\$125/week	Week 1 (Aug 7-11)	Week 2 (Aug 14-17)		

Guardian's Name:	Phone #:
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Address:

Email Address:

Alt Emergency Contact:	Phone #:
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My child (circle one) **DOES / DOES NOT** require staff assistance with applying sunscreen. If yes, my child has permission to have physical help from staff to apply and re-apply sunscreen.

PARENTS ARE RESPONSIBLE FOR NOTIFYING THE CITY OF ALL PRE-EXISTING MEDICAL CONDITIONS, INCLUDING ALLERGIES, AND PROVIDING ADEQUATE QUANTITIES OF NECESSARY MEDICATION AND ALLERGY SERUMS IN PHARMACY CONTAINERS WITH APPLICABLE DOCTOR'S INSTRUCTIONS.
 IF YOUR CHILD HAS ANY PRE-EXISTING MEDICAL CONDITIONS, ALLERGIES TO MEDICATIONS, FOOD, INSECTS, ETC. OR IF MEDICATIONS ARE CURRENTLY BEING TAKEN OR NEED TO BE ADMINISTERED DURING DAY CAMP HOURS, PLEASE LIST THEM: _____

Any special, social, or educational needs?: _____
Please be advised that the City does not provide one-on-one assistance to children that have been diagnosed with special, social, or educational needs, but we will do our best to meet appropriate accommodations. Feel free to ask for more details!

**** UPDATED IMMUNIZATION RECORD MUST BE ON FILE AT CAMP ****
YOUR CHILD IS NOT FULLY REGISTERED UNTIL RECORDS ARE RECEIVED

CONSENT & MEDICAL INFORMATION FORM

**** Please send a separate form for each child attending camp! ****

Family Physician:

Phone #:

Dentist/Orthodontist:

Phone #:

Insurance Carrier:

Policy/Group#:

I understand that I will be given a "Pick Up Pass" for myself and whomever I deem responsible and NO ONE, including myself, will be allowed to pick up my child without presenting this pass to staff members. If this pass is misplaced, only the above Guardian and Alt Emergency Contact will be able to provide a license to obtain a new one.

Initials: _____

_____ My child has permission to walk home from day camp without adult supervision. (N/A for Kiddie Kamp)

Parent/Guardian Consent:

I, _____ (print guardian's name), give full permission for my son/daughter, _____ (print child's name), to participate in the City & Town of Canandaigua Parks & Recreation Department's Day Camp/Kiddie Kamp Program at the above named site and on trips away from the above named site, via walking or bus transportation, which are a normal part of the Day Camp Program. I also authorize the use of my son/daughter's likeness in photographic, electronic or other recording media for publication. I hereby agree to hold the City and Town of Canandaigua, and all of its employees, harmless for any personal injuries that might occur during participation, also including the entirety of the facility and adjoining grounds where the day camp programs are held.

Affirmation:

To the best of my knowledge, the above-named person is in good health and in physical condition to be able to participate in the activities for summer day camp/kiddie kamp.

Emergency Release:

In the event of the Canandaigua Day Camp/Kiddie Kamp personnel's inability to promptly locate a person herein designated to be notified in case of an emergency, camp staff, hospital authorities, physicians and other emergency care authorities, without limitation, may take such emergency measures as they deem appropriate and shall notify the parent(s) or legal guardian(s) as soon as possible.

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*Please Return Registration, Medical Form & Payment to City Hall at 2 North Main Street, Canandaigua, NY 14424
Attn to Heather Pogue, Recreation Supervisor ~ Phone: 585-396-5080 Fax: 585-396-5016*

Signature of Guardian

Date

