



## TOWN OF CLAVERACK

Post Office Box V/ 91 Church Street  
Mellenville, New York 12544-0111  
Phone: 518.672.7911 /Fax: 518.672.4821  
[www.townofclaverack.com](http://www.townofclaverack.com)

### **2024 Town of Claverack Summer Youth Program Camper Application**

Camp applications are being accepted between April 1<sup>st</sup> and June 1<sup>st</sup>, 2024. The program is limited to 65 campers. After June 1<sup>st</sup>, please contact the Claverack Town Office Building to see if space is still available.

This program is open to students ages 5 (having attended a year of Kindergarten) to age 13. **Applicants must be 5, have attended a year of Kindergarten and be no older than 13 on 7/1/24.**

#### **Claverack Summer Youth Program Schedule:**

The 2024 program will start on July 8, 2024 and run until August 9<sup>th</sup>. The last day of the program, August 9<sup>th</sup>, will be a half day. All campers will be released at 12:00 noon on that day.

This program is Monday through Friday 9:00am-2:00pm.

Campers may not be dropped off any earlier than 9:00 am and must be picked up by 2:00pm, as there will be no supervision other than during those hours.

**Program Cost:** Free to residents of the Town of Claverack. Out of Town residents must pay \$125 per child for attendance.

Transportation will be available from pick up locations for a fee of \$35 per out-of-town resident camper. Transportation of in-town residents from pick up location will be free of charge.

**Please make check payable to the Town of Claverack and include it with your application and all additional required forms.**

Please complete all pages of this application and drop off in person at Claverack Town Office Building at 91 Church Street, Mellenville or mail to Claverack Summer Youth Program, c/o Claverack Town Office, PO Box V, Mellenville, NY 12544.

# 2024 Town of Claverack Summer Youth Program Camper Application

Please One Camper per Application

Camper's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Parent or Guardian's phone numbers, please list all and state whether it is work, cell or home)

\_\_\_\_\_

Email: \_\_\_\_\_

Person to contact in case of emergency (please include phone number):

\_\_\_\_\_

If above person is not available in case of emergency or alternative pickup, please notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Personal Health/Accident Insurance Provider: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Does your child plan on attending the Park Program 5 days a week? \_\_\_\_\_

If no, what days does he or she plan on attending? \_\_\_\_\_

Is there any period of time you will be away on vacation? \_\_\_\_\_



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## Please Read Carefully and Sign Below

In consideration of the above child being permitted to participate in the Claverack Summer Youth Program, we agree on behalf of ourselves and the above-named child to abide by all the rules and regulations of the Summer Park Program and to promptly report any infraction of the same. The undersigned, as a parent/guardian for the above-named child, hereby assumes responsibility for all risk of injury, accident and loss of property or life-arising situation out of such program participation by said child, and hereby release, discharge and agree to save and hold harmless the Town of Claverack, the Claverack Youth Commission, the New York State office of Parks, Recreation and Historic Preservation Commission (ORPHP) and their agents, employees and volunteers against any and all claims, causes of action or suits arising out of the same.

The following rules will be enforced for the safety of all children and staff:

- |   |                        |                                    |
|---|------------------------|------------------------------------|
| No swearing   | No hitting/fighting    | No bike riding on the grounds      |
| No throwing of objects  | No unruly bus behavior | No unruly behavior on trips/events |
| No use of cigarettes/alcohol/drugs                                |                        | No inappropriate materials         |
| No disrespect to counselors or other campers                      |                        |                                    |
| No disregarding of safety rules or engaging in dangerous behavior |                        |                                    |

**If the child repeatedly breaks the rules, three or more times he/she will be expelled from the program.**

I understand that my child can and will be expelled from the playground if he/she does not follow the rules. I have discussed these rules with my child and he/she also agrees to follow them. In addition, I agree that my child will not be dropped off before 9:00 am or remain at the playground after 2:00 pm, since there will be **no supervision other than during those hours.**

Parent/Guardian Name (Please Print): \_\_\_\_\_

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

Camper's Name (Please Print): \_\_\_\_\_

Camper's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **2024 Town of Claverack Summer Youth Program Photo Release Form**

I hereby grant the Claverack Summer Youth Program and those acting with the Claverack Park Commission's permission and authority, the irrevocable right to use my child or guardian's name and likeness, picture, portrait or photograph in all forms and media in all manners, for publicity, promotion, advertising, or any other lawful purpose without compensation. I waive any right to inspect or approve the photographs or the editorial or advertising copy or printed matter that may be used in conjunction with the photographs.

Camper's Name: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_  
(Please Print)

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

Date: \_\_\_\_\_



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## 2024 Town of Claverack Summer Youth Program Camper Application Medical Form

Camper's Name: \_\_\_\_\_

Please circle Y or N depending on the information that applies to your child.

**Asthma** Y or N      **Heart Disease** Y or N      **Allergies** Y or N

**Seizures** Y or N      **High Blood Pressure** Y or N      **Diabetes** Y or N

**Leukemia** Y or N      **Cancer** Y or N      **Hemophilia** Y or N

**ADHD/ADD** Y or N      **Autism** Y or N      **Cerebral Palsy** Y or N

Explanations: \_\_\_\_\_

\_\_\_\_\_

Other information you feel we should be aware of to better meet the needs of your child:

\_\_\_\_\_

\_\_\_\_\_

Allergies to any:    **Food** Y or N                      **Plants** Y or N  
                              **Medicine** Y or N                      **Insect Bites** Y or N

Other: \_\_\_\_\_

Explanations: \_\_\_\_\_

\_\_\_\_\_

Are there any reasons to restrict full activity including swimming, long hikes, backpacking, strenuous physical games? Y or N

List any conditions limiting full participation either physical or emotional:

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Any special equipment such as orthopedic, glasses or contacts, dentures, hearing aids, etc?

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**Please list any medications that will be kept with your child or staff:**

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Are immunizations up to date according to the public-school schedule? Y or N

If no, explain which ones are missing: \_\_\_\_\_

Is your child exempt from immunization? Y or N

What is the date of your child's last tetanus shot? \_\_\_\_\_

**A copy of every Camper's current Immunization record must be on file with the Town prior to attending camp. These can be faxed directly to the Town at 518-672-4821.**

In case of emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the CYC staff to transport my child to the Columbia Memorial Hospital via the Rescue Squad. I authorize the hospital to give emergency treatment as needed, including hospitalization, anesthesia, surgery, or injections of medication for my child.

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