
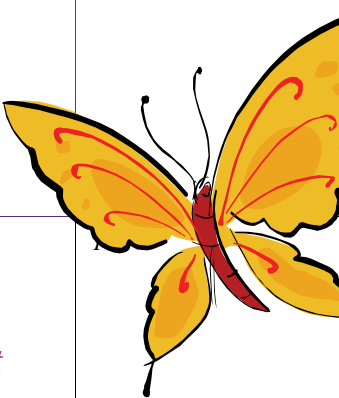
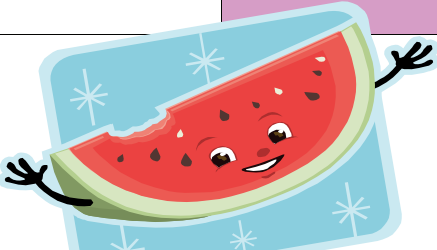
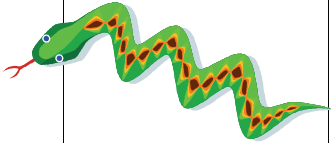


Dover Day Camp Calendar

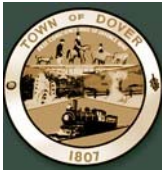
This is a tentative schedule, subject to change.

Sun	Mon	Tue	Wed	Thu	Fri	Sat
Session 1 	4 No Camp	5 Welcome to Camp Cotton Candy Day Slip & Slide	6 KENT FALLS TRIP GRADES-K-8	7 Fitness Thursday Free swim	8 TGIF Day Big Splash Water Slide	9 
10 Session 1 Week 2 is Out-a-Site	11 Library Monday Gr. K-2 Swimming	12 Treasure Hunt Tuesday Swimming	13 Butterfly Farm Grade 6-9 Game Day Swimming	14 Butterfly Farm Grade K-5	15 Mad Scientist	
16 CELEBRATE Session 2	17 Library Day Gr. 3-5 Birthday Cake Celebrations Swimming	18 Top Flight k-2 Golf Quest 3-5	19 Golf Quest Grade 6-8 Swimming	20 Volleyball Thursday Snow Cone Day Swimming	21 Disc Dogs Bob Martinson Dancing for all	22 Camp Times: 8:30am-12:30pm Recreation # 832-9168
23 Session 2 Week 4	24 26 Bingo Decorate Cupcakes Swimming	25 All Camp Walkway over the Hudson	26 TYE DYE DAY Bring white t-shirts Watermelon Day swimming	27 Obstacle Course Swimming	28 30 SNAKES-N- SCALES SNOW CONES	29 **Every Friday we will have camp Newsletter will be distributed**
						

Dover Day Camp Calendar

This is a tentative schedule, subject to change.

Sun	Mon	Tue	Wed	Thu	Fri	Sat
<p>Aug 1</p> <p>GET READY FOR</p> <p>Session 3</p>	<p>4</p> <p>Musical Puppets Show</p> <p>Swimming</p>	<p>3</p> <p>Green Chimney's Trip</p> <p>Grade K-2</p>	<p>4 Green Chimney's Trip</p> <p>Grade 3-5</p> <p>Swimming</p>	<p>5 Green Chimney's Trip</p> <p>Grade 6-8</p> <p>Swimming</p>	<p>6 All Camp Kickboxing Games</p>	<p>14</p>
<p>8</p> <p>Session 3</p> <p>Week 6</p>	<p>9</p> <p>Basketball Challenge</p> <p>Swimming</p>	<p>10</p> <p>Bowling Trip</p> <p>Grade K-5</p>	<p>11 Ice Cream Sundae Wednesday</p> <p>SWIMMING</p>	<p>12</p> <p>Bowling Trip</p> <p>Grade 6-9</p> <p>Game Day</p> <p>swimming</p>	<p>13</p> <p>Last Day of Camp Celebration</p> <p>Music by Bob Martinson</p>	<p>14</p>
<p>26</p>						



Town of Dover Recreation Department Day Camp Registration Form

Name of Camper: _____

Address _____

Age _____ Grade _____ Male/Female _____

Phone # _____ Cell # _____

Date of Birth _____

(Please circle all that apply)

- 1. Session - 1: (July 6 - July 16)
- 2. Session - 2: (July 19 - July 30)
- 3. Session - 3: (August 2 - August 13)

Camp (check one)

- _____ **Day Camp (Grades K-5)**
- _____ **Teen Discovery Camp Grades 6-9)**
- _____ **CIT Community Service Sessions - 1 2 3**

Fee Paid: _____ **Date:** _____ **Balance Due:** _____

Make checks payable to: The Town of Dover ****DO NOT MAIL CASH****

Release of Liability

I agree to pay in full the amount specified on my receipt from the department. I also understand that past due payments can be collected through a third party agency. In consideration for being permitted by the above department to participate voluntarily in the above activity, I hereby waive, agree to release, and discharge any and all claims for damages for personal injury, death or property damage, which I may have, or which hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance, the Town, including its officers, employees, agents, co-sponsors or volunteers, from any and all liability even though that activity may arise out of ordinary negligence or carelessness on the part of the persons or entities mentioned above now and forever. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the Town, including its officers, employees, agents, co-sponsors or volunteers, free and harmless from any loss, liability, cost, or expense which they feel may incur as a result of my death or any injury to myself or property damage that I may sustain while participating in said activity now and forever. I understand that no medical insurance is provided. I hereby additionally consent to my children, as listed above, participation in Town sponsored events and authorize the Town to photograph and/or video tape said activities for use in Town newsletters, on the Town website and for broadcast on Cablevision Municipal Access Channel 22 with the same terms as stated above, outlining my own participation, now and forever.

Guardian's Signature:

_____ **Date:** _____

Email: _____ (For Town Updates Only)

A medical form must be completed for each camper. Form is available at the recreation office.

Mail registration forms to – Dover Recreation
126 East Duncan Hill Road
Dover Plains, NY 12522
Attention: Day Camp

**Dover Day Camp Trip
Parent/Guardian Permission Form
July 2010 – August 2010**

I _____ give my child,
(Please print)

_____ permission to
(Name of child and grade in camp)

participate in **ALL day trips** with the Dover Day Camp. Bus transportation
will be provided by First Student transportation.

See calendar for trip schedule

My child's attendance at camp on trip days constitutes my permission that they attend.

Parent/Guardian signature _____

Phone # during camp hour's _____

Emergency contact (name and phone #) _____

(Not yourself please) _____

Day Camp Medical Form (please fill out completely)

This side is to be filled out by parent or guardian.

Name: _____ Birth Date: _____ Sex _____ Age: _____
Last First Initial

Grade Entering in the fall _____

Parent or Guardian Name: _____ Phone #: _____

Home Address: _____
No. & Street City State Zip

Business Address: _____
No. & Street City State Zip

If not Available in an emergency, notify:

Name: _____ Phone: _____

Address: _____ Relation: _____
No. & Street City State Zip

Health History: (Check – giving approximate dates where indicated)

Conditions:	Allergies:	Diseases:	Date
Frequent ear infections _____	Asthma _____	Mononucleosis _____	
Heart defect/disease _____	Hay Fever _____	Chicken pox _____	
Convulsions _____	Poison Ivy _____	Measles _____	
Diabetes _____	Insect sting _____	German measles _____	
Bleeding/Clotting disorder _____	Penicillin _____	Mumps _____	

Prescription drugs taken on a regular basis: _____

Operations or serious injuries (dates) _____

Dietary Modifications: _____

Other diseases or details of above: _____

Name of Dentist or Orthodontist: _____ Phone _____

Name of Physician: _____ Phone _____

Date of last physical examination: _____

Do you carry family medical/hospital insurance? _____

Carrier: _____ Policy or group #: _____

Suggestions or health related information for camp personnel: _____

NO MEDICATIONS WILL BE DISTRIBUTED BY CAMP STAFF

Operations or serious injuries? (dates) _____

Disability or chronic illness? _____

Any activities to encourage or limit by physicians advice? _____

Any behavioral problems/concerns that the director or counselor should be aware of? _____

Does your child have permission to participate in swimming? _____ all sports? _____

PLEASE READ AND SIGN BELOW

Emergency Medical Authorization

In the event a minor child injured, we want to ensure that they receive prompt medical care, even if you cannot be reached. In this regard, we have a camp medic and several employees with first aid experience on staff. In the event of an emergency, the J.H. Ketcham Rescue Squad will be contacted. Please make sure you have provided your home, business and (if applicable) cell phone numbers, along with an emergency contact. In order to authorize medical care in an emergency, please complete the following statement. The camp director is available to answer any questions you may have.

I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests and treatment for my child. And, in the event that I or my designated contact person cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injections, anesthesia, and/or surgery for my child as named above. This form is copied for use out of camp.

Signature of Parent/Guardian

Release and Waiver

Participation in camp involves rigorous physical activity in sports and other recreational events. Participation often involves the risk of injury. While the Town of Dover, Dover Day Camp, its management and staff will take every precaution to reduce the risk of injury, this risk cannot be completely eliminated. We ask that the parent/guardian of each participant execute the following document.

The Parent/Guardian does hereby covenant and agree to release and hold harmless the Town of Dover and the Dover Day Camp, its employees and representatives, from and against any and all liability, loss, damages, claims or actions (including costs and attorney fees) for bodily injury and/or property damages to the extent permissible by law, arising out of participation in the Dover Day Camp Program.

Date

Signature of Parent/Guardian

Dover Day Camp 2010 Emergency Pick-up Form

Emergency Contact & Authorization for Pick-up

PLEASE COMPLETE ONE FORM PER FAMILY

Family Last Name _____ Home Phone () _____

Camper s' Names _____, _____, _____

Parent's Name _____ Parent's Name _____

Work Phone () _____ Work Phone () _____

Cell Phone () _____ Cell Phone () _____

*****If your child is sick or needs to be picked up for any reason, we will not release your child to anyone who is not listed on this Authorization Form. This is for your child's protection. When you know your child will be picked up, you must send a signed, dated note on that day stating who will be picking up and at what time. Check one or both boxes for each contact listed below. Do not list people who live far away or aren't available during camp hours to pick-up in an emergency.**

Contact in case of illness or emergency. Authorized to pick-up my child from camp.

Name _____ Relationship to Child _____

Address _____

Daytime Phone () _____ Cell Phone/Pager () _____

Contact in case of illness or emergency. Authorized to pick-up my child from camp.

Name _____ Relationship to Child _____

Address _____

Daytime Phone () _____ Cell Phone/Pager () _____

Contact in case of illness or emergency. Authorized to pick-up my child from camp.

Name _____ Relationship to Child _____

Address _____

Daytime Phone () _____ Cell Phone/Pager () _____

Contact in case of illness or emergency. Authorized to pick-up my child from camp.

Name _____ Relationship to Child _____

Address _____

Daytime Phone () _____ Cell Phone/Pager () _____

Immunization Record

Required immunization must be determined locally. Please record the date (month/year) of basic immunizations and most recent booster:

All immunizations must be up-to-date to participate in day care. Determined by the NY State Health Department.

VACCINES	Date of Immunization	Date of Last Booster
Diphtheria		
Pertussis (Whooping Cough)		
Tetanus		
DPT or		
Tetanus TD		
Diphtheria or		
Tetanus		
Oral polio (Sabin) TOPV		
Injectable Polio (salk)		
Measles (red, hard measles, rubella)		
Mumps		
Rubella (German measles, or 3 Day Measles)		
Hepatitis B		
Haemophilus influenza B mandatory for day camp		
Varicella - chicken pox (not needed in child has had disease)		
Most recent Tuberculin test given (TINE)		
other (specify)		

The health history is correct, and the person herein described has permission to engage in all prescribed camp activities and off-site trips except as noted.

Signature of Parent/Guardian

If you want to fax immunization forms to office, please fax to (845) 832-3286.