

**TOWN OF NEW CASTLE RECREATION & PARKS DEPARTMENT
2023 SUMMER DAY CAMP MEDICAL FORM**

Camper Information

Camper's Name _____ D.O.B _____ Age _____ Sex M F
Street _____
City _____ State _____ Zip _____
Resident Yes No Phone: _____ Preferred Email: _____

T-Shirt Size (OTG & CIT) _____ Grade (Fall 2023) _____ School Attending (Fall 2023) _____
 YS YM YL AS AM AL

Friend Requests (2 only): _____ & _____

Mother's Name: _____ Mother's Cell#: _____

Father's Name: _____ Father's Cell#: _____

Emergency Contact: _____ Emergency Contact Phone#: _____

Are you willing to have your contact information shared with other parents to set up play dates? Yes No

Immunization Record:

Doctor's Name _____ Doctor's Phone # _____
Hospitalization/Insurance Co. _____ Policy # _____

**You must attach a copy of your child's immunization history from the doctor.
No campers will be able to attend camp without this documentation.**

Medical History: Please list any medical or behavioral concerns. Please submit additional paperwork if necessary.

*If your child is required to take medication during camp hours a separate medical form must be completed by the parent *and* the doctor.

Will your child require any special assistance to attend camp? Yes No

If so, please describe any assistance needed: _____

Does your child have any allergies? Yes No

If so, please list allergies: _____

Permission for release of child to Authorized Pick-up:

Please list anyone who is allowed to pick-up your child other than parents. Your child will only be released to an authorized pick-up with proper ID.

Authorized #1: _____ Authorized #3: _____

Authorized #2: _____ Authorized #4: _____

I hereby certify that the above information is correct and that my child is in normal physical and mental health. **I give permission for my child to participate in all camp activities, including any/all out of camp trips which may include swimming and aquatic amusement park activities.** In the event I cannot be reached in an emergency situation, I hereby give my permission to the camp director/camp health office to secure proper treatment for my child named above. I understand that the camp will try to contact the parent(s) first at the numbers listed above.


I understand that the Town of New Castle does **NOT** carry accident or medical coverage for participants. I hereby give permission for my child registered above, to attend the New Castle Recreation camp program. I hereby release the Town of New Castle and its employees and volunteers from any and all liability for personal injuries and/or property damage sustained by my child or I sustain in a New Castle Recreation camp program.

Parent/Guardian Signature: _____ Date: _____

TOWN OF NEW CASTLE RECREATION & PARKS DEPARTMENT

2023 SUMMER DAY CAMP REGISTRATION

Camper's Name _____ D.O.B _____ Age _____
 Grade _____ Phone: _____ Email: _____



TOTS CAMP
at TBA

Half day program hours– 9:00am to 12:00pm
Full day program hours– 9:00am to 2:30pm


**Campers MUST be 3 years old at the start of camp*

Tots Camp - Age 3* to 5 Years Old

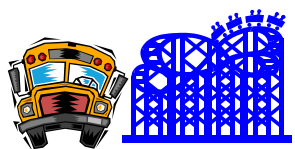
Session	Dates	Fees	
<u>Session 1 June 26- July 14</u>			
Half Day	<input type="checkbox"/> \$540 (prior to 5/5/2023)	<input type="checkbox"/> \$590	
Full Day	<input type="checkbox"/> \$865 (prior to 5/5/2023)	<input type="checkbox"/> \$915	
<u>Session 2 July 17- August 4</u>			
Half Day	<input type="checkbox"/> \$540 (prior to 5/5/2023)	<input type="checkbox"/> \$590	
Full Day	<input type="checkbox"/> \$865 (prior to 5/5/2023)	<input type="checkbox"/> \$915	
<u>6 Weeks June 26 - August 4</u>			
Half Day	<input type="checkbox"/> \$895 (prior to 5/5/2023)	<input type="checkbox"/> \$995	
Full Day	<input type="checkbox"/> \$1,380 (prior to 5/5/2023)	<input type="checkbox"/> \$1,480	

Camp Adventure– Grades 1st thru 4th

Session	Dates	Fees	
Session 1	June 26 - July 13	<input type="checkbox"/> \$660 (prior to 5/5/2023)	<input type="checkbox"/> \$710
Session 2	July 17 - Aug. 4	<input type="checkbox"/> \$660 (prior to 5/5/2023)	<input type="checkbox"/> \$710
6 Weeks	June 26 - Aug. 4	<input type="checkbox"/> \$1,090 (prior to 5/5/2023)	<input type="checkbox"/> \$1,190



at Amsterdam Park
Hours– 8:30am to 3:00pm



at Recreation Field
Hours– 8:30am to 3:00pm


On The Go– Grades 5th thru 8th

Session	Dates	Fees	
Week #1, 5-6	Weekly	<input type="checkbox"/> \$450	Weeks: <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Week # 2	July 5 - July 8	<input type="checkbox"/> \$375	
6 Weeks	June 27 - Aug. 5	<input type="checkbox"/> \$2,400 (prior to 5/5/2023)	<input type="checkbox"/> \$2,500

CIT Program– Grades 9th & 10th

Session	Dates	Fee	
Session 1	June 26 - July 14	<input type="checkbox"/> \$465 (prior to 5/5/2023)	<input type="checkbox"/> \$515
Session 2	July 17 - Aug. 4	<input type="checkbox"/> \$465 (prior to 5/5/2023)	<input type="checkbox"/> \$515
6 Weeks	June 26 - Aug. 4	<input type="checkbox"/> \$740 (prior to 5/5/2023)	<input type="checkbox"/> \$840

Camp Preference (not guaranteed) Tots Camp Adventure



at Tots (Gafflin) OR Amsterdam Park

In-Office Registration Process:

You may sign up at the Recreation Office for the Town Day Camp Programs, Monday to Friday 8:45– 4:00pm.
 Check, cash, and credit cards (3% service fee) are accepted in-office.

For Office Use Only

Fees Paid \$ _____ Date _____ Check No. _____ Cash _____ Received By _____
 Credit Card: Visa MC Discover