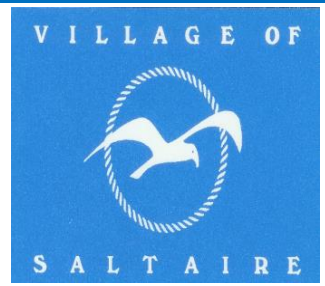




2017 SALTAIRE DAY CAMP APPLICATION FOR OTHER FIRE ISLAND RESIDENTS

MAKE CHECKS OUT TO: *VILLAGE OF SALTAIRE*
PO BOX 5551, BAYSHORE, NY 11706



	Early Registration Before 5/15/17		Late Registration After 5/15/17				
	1st Child	2nd Child	1st Child	2nd Child			
Seasonal Rate (1st Child/Add'l Childrn)	\$1,470	\$1,315	\$1,650	\$1,485	\$ _____	\$ _____	Total _____
Monthly Rate (1st Child/Add'l Childrn)	\$840	\$760	\$960	\$865	\$ _____	\$ _____	Total _____
Weekly Rate	\$235		\$275		\$ _____	\$ _____	Total _____
Daily Rate[Max 3 Days]	\$60		\$65		\$ _____	\$ _____	Total _____

SWIM TEAM FEE (Per Child)	\$275	\$295	(Monthly Rate \$160)
Optional & Additional Fee (For Ages 8 & Up Only)			\$ _____

TOTAL FEE \$ _____

FOR DAILY/WEEKLY REGISTRATION, PLEASE LIST DAYS/WEEKS OF ENROLLMENT ON ABOVE LINE

NAME OF CHILD	BIRTHDAY	NAME OF CHILD	BIRTHDAY
1) _____	_____	2) _____	_____
3) _____	_____	4) _____	_____

FIRE ISLAND ADDRESS & PHONE: _____

MAILING ADDRESS:

Street	City	State	Zip
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PERMANENT PHONE: _____ **EMAIL:** _____

PARENTS' NAME: _____

EMERGENCY NAME & PHONE: _____

Age Group Policy: Placement in age groups will be determined by the camper's age during the camp season. Proof of Age for 4 year-olds must be submitted to the Village, and in no instance may a camper begin camp until he/she has reached age 4.

Medical Coverage and Waiver: The Recreation Program provides limited accident insurance coverage for each child during participation in camp activities. It is not in any way a substitute for family medical coverage and Village strongly encourages that each participant should maintain their own sufficient medical coverage. I give permission for emergency diagnostic and therapeutic procedures, including hospitalization, securing proper treatments, injection of medication, anesthesia or surgery as may be deemed necessary for my child by the medical personnel in charge of care at the time; and also provide information concerning my child's medical condition to the responsible officials when deemed necessary. My child is in good health and has my permission to enroll and participate. My child has no previous sickness, illness, disease or bodily injury which is in any way a constraint or restriction to his/her participation in the Saltaire Day Camp. I understand that I must have a complete medical form signed by a physician on file prior to the first day my child begins camp.

Refund Policy: No refunds given for daily or weekly registration. For monthly and seasonal, 50% refund given if camper drops out on or before his/her fourth day of camp. No refund given after camper's fourth day of camp.

Use of Image or Likeness: I grant the Saltaire Day Camp, its representatives and employees the right to take photographs of my child in connection with his or her participation in the camp, and I further authorize its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that the Village or Saltaire may use such of my child with or without his or her name for any lawful purpose, including for publicity, illustration, advertising and Web content.

PARENT'S OR DESIGNEE'S NAME

PARENT'S OR DESIGNEE'S SIGNATURE

2017 SALTAIRE DAY CAMP MEDICAL/IMMUNIZATION FORM

THIS FORM MUST BE SUBMITTED WITH THE CAMP APPLICATION FOR EACH CAMPER REGISTERED BEFORE THE CHILD'S FIRST DAY CAMP. NO CHILD WILL BE ACCEPTED WITHOUT THIS HEALTH FORM SIGNED BY PHYSICIAN.

TO BE COMPLETED BY DOCTOR

Name of Camper _____ Date of Birth (mm/dd/yyyy) _____

CAMPER HEALTH HISTORY

Please describe the above-listed camper's medical history, including any medical conditions or medications that the camper may be taking that the Saltaire Day Camp should know about:

(Attach Additional Sheets if Necessary)

Please list any allergies to medications, foods, plants, etc. and expected reaction and treatment:

(Attach Additional Sheets if Necessary)

IMMUNIZATION RECORD

Per requirements of Section 7-2.8(c) of the State Sanitary Code, an immunization record, including dates against diphtheria, haemophilus influenza b, hepatitis b, measles, mumps, poliomyelitis, rubella, tetanus and varicella is to be on file and updated annually for each camper. Please attach the complete immunization record for the child to this form and have the child's doctor fill out and sign the following:

IMMUNIZATION RECORD ATTACHED RELIGIOUS WAIVER STATEMENT ATTACHED

If your child has not received all of the required immunizations, he or she will not be able to attend camp unless the parent or guardian submits a signed statement that the child has not been immunized due to religious beliefs which prohibits immunization.)

_____ was examined on _____
(Child's Name) (Date)

And is free from communicable disease and found to be in satisfactory health, and there is no reason that this child should not participate in the routine activities associated with camp and swimming;

OR

And is free from communicable disease but has a severe and chronic physical or intellectual disability that will require special assistance with routine activities associated with camp and swimming

Doctor's Signature: _____ Date: _____

Doctor's Name: _____ Phone: _____

Mailing Address: _____