

Town of Grafton Summer Camp Application, Waiver and Health Form

Dear Parent/Guardian,

The purpose of the summer program is to give your kids a safe environment to have fun and create memories. You can always reach out to the director by phone or email. We hope to keep them occupied in positive ways. Daily routine should entail one lunch and snack, physical activities, crafts, games, and outdoor free play. The location of the camp is Roxborough Holdings. Drop off is at 9 and pick up at 3 unless otherwise arranged. The space is ideal for outdoor and indoor activities. If the kids want a change of venue, we hope to utilize the town park, Library, and Grafton Lakes as well. The following authorizations will allow us to put all the community resources available to use for the sake of their fun and learning. Thank you for entrusting them to us.

Sincerely,

Laura Bassallo, Director
Cell: 518.407.9549
youthdirector@townofgraftonny.org

Please sign the following authorizations, as deemed appropriate, to help us ensure that your child has a safe and healthy camp experience.

Emergency Treatment Authorization:

The information provided on this Parent/Guardian Authorization form is correct, to the best of my knowledge, and the child herein described has permission to engage in all camp activities except those noted.

If I cannot be reached in an emergency, I hereby give my permission to the physician selected by the camp director to hospitalize and/or secure proper treatment for my child as named below.

| |
|---|
| Child's Name: |
| Parent or Guardian's Name (please print): |
| Parent or Guardian's Signature: |

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Photo Release Permission:

Participants in our summer youth programs are sometimes photographed to promote the camp program. Individuals will never be identified by name.

Circle One: I DO AUTHORIZE I DO NOT AUTHORIZE

| | |
|---------------------------------|-------|
| Signature of parent or guardian | Date: |
|---------------------------------|-------|

Transportation Permission:

During camp hours, the need to change venue may arise. There are two advantageous parks near Roxborough Holdings but they require transportation for safety reasons.

I, _____, give permission to transport my child from Roxborough Holdings to different locations where camp activities may be scheduled

| |
|--|
| Signature: |
| I, the above parent/guardian, am available to help transport campers. YES NO |

Swim Lessons at GLSP

Please indicate whether or not your child is interested in taking swim lessons at Grafton Lakes State Park.

| | | |
|---------------|-----|----|
| Child's Name: | YES | NO |
|---------------|-----|----|

CELL PHONE USE *Please advise/talk to your kids about cell phone use.* 😊

The use of cell phones will not be restricted. Camp counselors, however, will not be directly responsible for your child's device or content accessed. If any inappropriate content is observed, it will be addressed accordingly.

To encourage less need for devices at camp, the Youth Director's phone will be available for campers to contact parent/guardian, and vice versa. Feel free to talk to the Director about any concerns you may have regarding cell phone use or make a note below.

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Director: Laura Bassallo Cell: 518.407.9549

Camper Information:

| | |
|------------------|------------------|
| Child's Name: | Grade Completed: |
| Date of Birth: | |
| Parent/Guardian: | |
| Address: | |
| Home Phone: | |
| Parent's email: | |

If a parent or guardian is not available, in case of an emergency please notify:

| | |
|------------------|------------------|
| Name (Relation): | Name (Relation): |
| Address: | Address: |
| Phone: | Phone: |

| | |
|--|--------|
| Child's Doctor: | Phone: |
| List any allergies: | |
| Restricted activities: | |
| Medication that will need to be taken at camp: | |
| Swimming restrictions: | |