Village of Altamont

BENJAMIN M CRUPE BOZENKILL PARK

Operated under permit from Albany County Health Department

115 Main Street – PO Box 643 – Altamont – New York – 12009 – Phone 861-8554 – Fax 861-5379

2016 Camp Scholarship Application

Please choose which weeks you would be interested in and number them as to 1st , 2nd and 3rd choice.

1	2	3	4	5	6
____June 27	____July 5	____July 11	____July 18	____July 25	_____Aug 1

Today's Date:_____ Summer Program is for Children 6 to 14 years

Child's Name:_____Date of Birth:_____ ☐ M ☐ F

Parents:_____

Street Address:_____ _____

Town/Village Zip

Post Office Box #:_____

Home Phone:_____Daytime:_____Pager/Cell:_____

Emergency Contact **Transportation Authorization**

1._____ _____

Name/Phone

This Section including dates (most recent) must be completed

Medical/Allergies information:_____

Date of most recent immunizations: DPT:_____ Polio:_____

MMR:_____ Haemophilus Influenza type B:_____

Hepatitis B:_____ Varicella (chicken pox):_____

WAIVER OF PARTICIPANT OF SELF: In consideration of your accepting my or my child's registration and entry, I hereby for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the Village of Altamont and its representatives, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups, I understand there is an inherent risk of injuries associated with the activity and authorize emergency medical treatment and transportation in my absence. **Parent Signature Required:**_____

Program hours are 8:30 a.m. to Noon. Swim Hours are 11 a.m.- 11:45 a.m. weather permitting. Certified lifeguards will be on duty. Your permission is required for swimming. Children should wear proper swim wear under play clothes and bring their towels. Pool Regulations will be strictly enforced and children will be tested by Progressive Swim Instructor to determine their suitability for the pool. Swim Instruction is available upon request. ***In case of heavy rain days, please keep children home or call to verify the plans for the day.***

☐ I, _____, give permission for _____to swim.

☐ I, _____, DO NOT give permission for _____ to swim.

☐ Swimming Lessons

I , _____accept the one week scholarship to Bozenkill Summer camp and understand that it is my responsibility to transport my child to and from the Bozenkill Summer camp program.