

# TARRYTOWN / SLEEPY HOLLOW DAY CAMPS 2009 REGISTRATION FORM

(Please: One Child Registered Per Form)

PLEASE CHECK CAMP YOUR CHILD WILL BE ATTENDING:

TOT CAMP: \_\_\_\_\_ DAY CAMP: \_\_\_\_\_ SPORTS CLINIC: \_\_\_\_\_

NAME OF CHILD: \_\_\_\_\_

GRADE CHILD WILL BE ENTERING IN SEPTEMBER 2009 (if applicable): \_\_\_\_\_

CHILD'S BIRTH DATE: \_\_\_\_\_ AGE: \_\_\_\_\_ Circle One: MALE FEMALE

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ WORK #: \_\_\_\_\_ CELL #: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

NAME OF EMERGENCY CONTACT: \_\_\_\_\_

EMERGENCY CONTACT PHONE #: \_\_\_\_\_

PLEASE NOTE ANY MEDICAL INFORMATION: \_\_\_\_\_

\*\*\* NO REGISTRATION WILL BE ACCEPTED WITHOUT IMMUNIZATION RECORD

CHECK THE WEEK(S) YOUR CHILD WILL ATTEND:

PLEASE NOTE: For Tot and Day Camp, you must register for a **minimum** of two (2) consecutive weeks.

WEEK # 1 July 6 to July 10: \_\_\_\_\_ Early Arrival: \_\_\_\_\_ Extended Day: \_\_\_\_\_

WEEK # 2 July 13 to July 17: \_\_\_\_\_ Early Arrival: \_\_\_\_\_ Extended Day: \_\_\_\_\_

WEEK # 3 July 20 to July 24: \_\_\_\_\_ Early Arrival: \_\_\_\_\_ Extended Day: \_\_\_\_\_

WEEK # 4 July 27 to July 31: \_\_\_\_\_ Early Arrival: \_\_\_\_\_ Extended Day: \_\_\_\_\_

WEEK # 5 August 3 to August 7: \_\_\_\_\_ Early Arrival: \_\_\_\_\_ Extended Day: \_\_\_\_\_

WEEK # 6 August 10 to August 14: \_\_\_\_\_ Early Arrival: \_\_\_\_\_ Extended Day: \_\_\_\_\_

Mail completed registration form to:

Tarrytown Recreation Department  
PO Box 292  
Tarrytown, New York 10591

## WAIVER OF LIABILITY:

I hereby agree to hold harmless the Villages of Tarrytown & Sleepy Hollow, the respective Board of Trustees thereof, the agents, employees and volunteers from any claim whatsoever, for property damage or personal that I / my child may sustain as a result of his/her participation in the activities of the Tarrytown / Sleepy Hollow Day Camps, including swimming, field trips and/or other events sponsored in conjunction with the Tarrytown Recreation Department and the Sleepy Hollow Recreation Department.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE NOTE: There are NO refunds except for illness. The refund request must be in writing and must be accompanied by a doctor's note. Any refund will be prorated based on the date received, with a \$10.00 processing fee attached.

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## REGISTRATION INFORMATION: (for office use only)

IMMUNIZATION RECORD RECEIVED: \_\_\_\_\_

WEEK #1 Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ WEEK #2 Paid: \_\_\_\_\_ Check #: \_\_\_\_\_

WEEK #3 Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ WEEK #4 Paid: \_\_\_\_\_ Check #: \_\_\_\_\_

WEEK #5 Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ WEEK #6 Paid: \_\_\_\_\_ Check #: \_\_\_\_\_