

Town of Mount Hope Summer Youth Recreation Program

Camp Dates: Monday, July 8th - Friday, August 16th

Camp Hours: Monday - Friday, 9 a.m. - 3 p.m.

Age Requirement:

Minimum: must have attended Kindergarten during the current school year

Maximum: must be no more than 14 years of age on July 1, 2024

Eligibility: All age-appropriate children attending Minisink Valley Schools and residing in Otisville or Mount Hope are eligible to register for the program. **Children residing outside the Village of Otisville or the Town of Mount Hope, but within the Minisink Valley School District will pay non-resident fees (see below); Otisville/Mount Hope residents/students attending Otisville Elementary School will be given first priority.**

Registration Fees are for the entire six-week program and are non-refundable.

	<u>Residents</u>	<u>Non-Residents</u>
1 child	\$750	\$950
2 children	\$1450	\$1850
3 children	\$2175	\$2775

Items you must bring to registration:

- ** Proof of residency (two forms)
- ** For those residing outside the Village or Town – proof of residency in the MVSD
- ** Current immunization records from your doctor, for each child
- ** A check for the registration fees made payable to the **Town of Mount Hope**. All fees are due in full at the time of registration. All Major Credit Cards are now being accepted. A convenience fee will be applied.

Registration Forms:

Registration forms will be available at registration but can also be downloaded from the Town website. www.townofmounthope.org Each camper must have their own forms filled out.

Registration Location: Town of Mount Hope Town Hall 1706 Route 211 West, Otisville.

Daytime Registration: Walk-in Registration between normal hours 9 am-4 pm at Town Hall Monday through Friday **until May 3, 2023**. There will be a late registration fee of \$100 per child.

Evening Registration Dates & Times:

Evening Registration will be during the dates below between the hours of 6 pm-8 pm for residents of the Town of Mount Hope & Village of Otisville, as well as non-resident students attending the Otisville Elementary School, Minisink Valley Elementary or Minisink Intermediate School.

Monday, 2/12	Wednesday, 2/21
Monday, 2/26	Wednesday, 2/28
Monday, 3/12	Wednesday, 3/20
Monday, 4/8	Wednesday, 4/17



Town of Mount Hope Summer Youth Recreation Program Registration – Medical Form

An Official Doctor's transcript with the dates of your child's immunizations must be submitted with this form.

Childs Name: _____, _____ Current Grade _____

Birthdate: _____ Sex: _____ Age: _____ T-Shirt Size _____

Childs name: _____, _____ Current Grade _____

Birthdate: _____ Sex: _____ Age: _____ T-Shirt Size _____

Childs name: _____, _____ Current Grade _____

Birthdate: _____ Sex: _____ Age: _____ T-Shirt Size _____

Parent or Guardian: _____

Complete Mailing Address: _____

Email Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Residents – Please check one: Town of Mount Hope: _____ Village of Otisville: _____

If Non-Resident: List school(s) the child(ren) attended: _____

***It is absolutely required to provide 2 emergency phone numbers other than those listed above!**

1. Emergency Name: _____ Phone: _____

2. Emergency Name: _____ Phone: _____

List any adult or other adult whom you authorize to pick up your child. Please note that children cannot be released to anyone less than 18 years of age.

Pediatrician: _____ **Phone:** _____

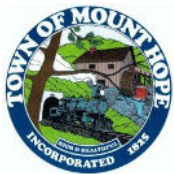
Medical History- **PLEASE NOTE** any medical problems or complications, i.e. chronic illness, asthma, etc.

Medical Problems or Illnesses: _____

Allergies: _____

Medications: _____

****All prescription medications MUST be accompanied by a doctor's note presented by a parent or guardian to the Medical Director. The back of this form may be used for additional information.**



**Town of Mount Hope
Summer Youth Recreation Program**

Mandatory Medical Awareness

I, the undersigned, as parent(s) and/or legal guardian(s) of

understand that the Town of Mount Hope Summer Youth Recreation will include an array of sports and recreational activities typically made available to children at summer camp. These activities will include sports that may result in body contact, such as soccer, basketball, field hockey, volleyball, and the like. Enrolled children must participate in the program under the supervision of the recreation staff every session they attend.

I have read and understand the rules for this Mount Hope Summer Recreation Program and give my permission for my child(ren) to participate in the sessions offered.

The undersigned, as the parent(s) and/or legal guardian(s) or person having legal custody of the child(ren), does hereby grant permission to the staff of the Mount Hope Summer Recreation Program to administer emergency first aid to my child(ren) in the event of an accident.

It is further understood that the applicant's medical insurance shall be the primary coverage in the event of personal injury.

Date Signed

Parents or Legal Guardians Signature



**Town of Mount Hope
Summer Youth Recreation Program
Photo Release Form**

I, _____ (please print), hereby give my permission for my child/children's picture to be used by the Town Hope Mount Hope Recreation Program for any in-house publications/brochures/website/ social media, etc... as well as for local media outlets such as newspapers or television stations covering Summer Camp Programs. I hereby release the Town of Mount Hope Recreation Program for all claims and liability relating to said images.

I acknowledge that I am the parent/ legal guardian of the following child(ren):
Please list the names below:

Signature: _____

Date: _____

Address: _____



**Town of Mount Hope
2024 Summer Youth Recreation Program**

Authorization of Medical Treatment/ Release Agreement

(Please complete one for each child.)

Authorization of Treatment

I give permission for (child's name) _____ to take part in the Town of Mount Hope Summer Recreation Program. This child, to the best of my knowledge, is in good physical condition, fully vaccinated, and is capable of participating in camp activities. In case of emergency where my child needs medical care and the Town of Mount Hope Recreation Department cannot reach the parent/guardian or the emergency contacts listed on the registration form, I hereby give permission to the Town of Mount Hope to call for emergency medical personnel and to order treatment and transportation to a hospital (if necessary). I also give my permission to the physician to secure and administer treatment if necessary once at the hospital.

INITIAL HERE ONLY IF YOU AUTHORIZE TREATMENT: _____

Name of Child's Pediatrician: _____

Office Phone #: _____

Does the child have any allergies, including allergies to medications? [☐] YES [☐] NO

If yes, please list them below:

I can choose NOT to give medical authorization which means that my child cannot be transported or treated at a hospital until I or my emergency contacts have been reached by phone or in person.

INITIAL HERE ONLY IF YOU DO NOT AUTHORIZE TREATMENT: _____

Release Statement:

I understand that the Town of Mount Hope does not provide medical coverage for any injury sustained during this summer camp program and I agree that the Town of Mount Hope and all of its employees will be held harmless for any injury sustained out of or in the course of this summer camp program.

Parent/ Guardian Signature: _____ Date: _____

Please Print Name: _____



Town of Mount Hope
2024 Summer Youth Recreation Program
Indemnification/ Hold Harmless Form

The Camper and Camper's Legal Guardian(s) agree to fully indemnify, save and hold harmless the Town of Mount Hope, its agents, officers, directors, servants, employees, and assigns from and against any and all liability of any type whatsoever, including but not limited to, any and all damages, expenses, causes of action, lawsuits, claims, penalties, fines, assessments or judgments relating to, arising out of or occurring in connection with the Camper's participation in the Town of Mount Hope Summer Camp.

The Camper and Camper's Legal Guardian(s) shall, at his/her own cost and expense, defend any and all actions or suits which may be brought against the Town of Mount Hope, its agents, officers, directors, servants, employees and assigns or in which the Town of Mount Hope, its agents, officers, directors, servants, employees, and assigns may be impleaded or included with others upon any such above mentioned claim. In the event of the Camper and/or Camper's Legal Guardian(s)'s failure to do so, the Town of Mount Hope, at its option without being obliged to do so, may, at the cost and expense of the Camper and Camper's Legal Guardian(s), and upon prior written notice to the Camper and Camper's Legal Guardian(s), defend any and all such suits or actions. The USER shall satisfy, pay, and discharge any and all judgments that may be obtained or recovered against the Town of Mount Hope, or any of its agents, officers, directors, servants, employees, and assigns or in which the Town of Mount Hope or any of its agents, officers, directors, servants, employees, and assigns may be impleaded with others. The Camper and Camper's Legal Guardian(s) shall pay the reasonable cost of any such defense including, but not limited to attorney's fees of the Town of Mount Hope.

The Camper and Camper's Legal Guardian(s) hereby releases the Town of Mount Hope, its agents, officers, directors, servants employees, and assigns from and against any and all liability of any type whatsoever, including but not limited to, any and all damages, expenses, causes of action, lawsuits, claims, penalties, fines, assessments or judgments relating to, arising out of or occurring from any and all claims for medical costs incurred by the Camper and/or Camper's Legal Guardian(s) as a result of camp activities at The Town of Mount Hope Summer Camp.

Camper's Name: _____

Parent/ Guardian Signature

Date

Print Parent/ Guardian's Name