



HOLIDAY RECESS MINI-CAMP

PARENT/GUARDIAN NAME & PHONE:	Name:	Contact #: ()
PARENT/GUARDIAN NAME & PHONE:	Name:	Contact #: ()
FULL ADDRESS:	Address:	City, State & Zip Code:
EMAIL ADDRESS & ADD'L PHONE:	Email:	Phone #: ()
EMERGENCY CONTACT:	Name:	Contact #: ()

Camper's Last Name, First Name		Date of Birth
School Attending	Grade	Gender (Circle One)
		M or F

4 FULL DAYS - Includes Trips

- Resident JTS Member- \$180
- Resident Non-JTS Member- \$220

"OR" PICK YOUR DAYS

- Dec. 26 - Sports Day - \$50
- Dec. 27 - Trip- Lafayette Movies - \$60
- Dec. 28 - Trip- Bounce U - \$70
- Dec. 29 - Dance Party - \$50

TOTAL FEES DUE: _____

MEDICAL INFORMATION: Please complete all questions in necessary detail for your child's welfare and enjoyment.

Doctor: _____ Phone#: _____

Known Allergies: _____

Medications or Precautions necessary for the allergy? _____

Will your child be required to use an inhaler during camp hours? Yes: _____ No: _____

Medical Comments – _____

AUTHORIZATION: I authorize that the above information is accurate and current, and all information has been filled out by the appropriate parties. In the event that I cannot be reached and an emergency occurs, I hereby give permission to the physician selected by the Town to hospitalize and secure treatment for my child. I understand that the Town of Ramapo does not offer accident insurance and my personal insurance bear's primary responsibility in case of an accident. I will allow photos for promotion.

TRIPS: I authorize my child to attend the trips that I register them for to include, Lafayette Theater and/or Powerhouse Studios.

Signature _____
(Required-Parent/Legal Guardian)

Date _____



*Bring application and payment to the JTS Center or Mail to:
Ramapo Parks & Recreation, 3 Palisades Credit Union Park Drive, Pomona, NY 10970
Must register by December 15th - Program will not run without minimum registration!