



# TOWN OF RAMAPO

## Specialty Camp Registration 2023

Parent/Guardian Name & Phone	Name:	Contact #: (    )
Parent/Guardian Name & Phone	Name:	Contact #: (    )
Mailing Address	Address:	City, State & Zip Code:
Email Address & Add'l Phone	Email:	Phone #: (    )

**CAMPER INFORMATION (One form per child):**

Form must be completely filled out to register. All information is confidential and remains in the camp office.

Name (First and Last)	Date of Birth	
School Attending – Fall 2023	Grade – Fall 2023	Gender (Circle One)
		M   or   F

**INFORMATION & HEALTH HISTORY:**

In the event that there is an emergency at camp, and you cannot be reach, please list additional individuals (18 and over), who are authorized to pick up your child. Please remind all to have a photo ID ready for pick up. We will not release your child to any other individual without written permission.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Information:** Please complete all question in necessary detail for your child’s welfare & 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 – Limitations for camp activities (i.e., physical, visual, auditory, etc.):

**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 authorize the use of photos for promotional purposes.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

CAMPER'S NAME: \_\_\_\_\_

	<b>PLAY-WELL</b> TEKnologies	June 26 - 30	Ages 5 – 7	9am – 12pm	\$200
		June 26 - 30	Ages 8 - 12	1pm – 4pm	\$200

<b>INCREDIFLIX</b>					
	Live Action Flix	SESSION 1 July 31 – August 4	Ages 7 - 13	9am - 12pm	\$225
	Claymation Flix		Ages 7 - 13	1pm - 4pm	\$225
FULL DAY FLIX PROGRAM (includes supervised parent-provided lunch)					\$430

	Live Action Flix	SESSION 2 August 14 - 18	Ages 7 - 13	9am - 12pm	\$225
	Claymation Flix		Ages 7 - 13	1pm - 4pm	\$225
FULL DAY FLIX PROGRAM (includes supervised parent-provided lunch)					\$430

<b>TENNIS ACADEMY AT RUSTIC BROOK</b>			Member \$250/session Non-Member \$280/session
Entering Grades 2 – 10			
	Session 1	June 26 – June 29	8:30am – 12:30pm
	Session 2*	July 5 – July 7* (*Wed-Fri)	8:30am – 12:30pm
	Session 3	July 10 – July 13	8:30am – 12:30pm
	Session 4	July 17 – July 20	8:30am – 12:30pm
	Session 5	July 24 – July 27	8:30am – 12:30pm
	Session 6	July 31 – August 3	8:30am – 12:30pm
	Session 7	August 7 – August 10	8:30am – 12:30pm
	Session 8	August 14 – August 17	8:30am – 12:30pm
	Session 9	August 21 – August 24	8:30am – 12:30pm
	Session 10	August 28 – August 31	8:30am – 12:30pm

Ramapo Parks & Recreation Department • Make checks payable to: Town of Ramapo  
 Mail or drop-off checks at Ramapo Parks & Recreation Dept., 1 Phil Tisi Way, Pomona, NY 10970  
 Credit cards and cash in-person only