

# TOWN OF WOODSTOCK SUMMER RECREATION PROGRAM 2026

## CAMPER REGISTRATION FORM

TO BE COMPLETED BY PARENT OR GUARDIAN. **IN INK**. PLEASE PRINT.

Resident (\$400.00): \_\_\_\_ Non-resident (\$600.00): \_\_\_\_ Cash: \_\_\_\_ Check: \_\_\_\_ # \_\_\_\_

Immunization records \_\_\_\_ OR Waiver \_\_\_\_ Birth Certificate (ONLY KINDER) \_\_\_\_

Signed Code of Conduct \_\_\_\_ T-Shirt Size: \_\_\_\_\_

### **PERSONAL INFORMATION**

Camper's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Home phone: \_\_\_\_\_ Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_ Non-Binary\_\_\_ Grade (Fall 26): \_\_\_\_\_

School currently attending: \_\_\_\_\_

### **PARENT/GUARDIAN INFORMATION**

Parent/Guardian name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Child lives with: \_\_\_\_\_

**ADDITIONAL CONTACT INFORMATION**

**Local persons to call if parent/guardian contact is unavailable. These contacts must know they are listed below and be available anytime during camp hours. Valid photo ID will be required at time of pick-up.**

1) Name: \_\_\_\_\_ Tele: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell: \_\_\_\_\_

2) Name: \_\_\_\_\_ Tele: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell: \_\_\_\_\_

**CONFIDENTIAL MEDICAL HISTORY**

(to be submitted with immunization form)

Current Health Status: (allergies, diseases, physical challenges, health problems)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specific activities to be restricted: \_\_\_\_\_

Is the camper on medication?            Yes\_\_\_ No\_\_\_

If yes, will camper need to take the medicine at camp?            Yes\_\_\_ No\_\_\_

Name of medication: \_\_\_\_\_ For what condition? \_\_\_\_\_

**Please complete the *Special Care Plan for a Child with Asthma* form if your child has an asthma diagnosis.**

**IMPORTANT!** Please notify the Camp Director if your child has been exposed to any communicable diseases in the three weeks prior to attending the program.

Name of Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Policy and Group#: \_\_\_\_\_

**THE FOLLOWING AUTHORIZATION MUST BE COMPLETED & SIGNED BY THE PARENT OR LEGAL GUARDIAN ONLY**

This form, to my knowledge, is correct and the child herein described has my permission to engage in all program activities except those indicated by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize and secure proper treatment for my child as named above.

I hereby covenant and agree to release and hold harmless the Town of Woodstock from and against any and all liability, loss, damages, claims, or actions (including costs and attorney fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of participation in the Town of Woodstock Summer Recreation Program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Any special instructions, such as custody or restraining orders, must be attached.  
All information will be kept confidential.

=====

**\*\*\* NO REFUNDS SHALL BE ISSUED AFTER JULY 10<sup>TH</sup>, 2026\*\*\***

=====

**RECEIPT OF CODE OF CONDUCT**

I hereby acknowledge receipt of the CAMP POLICIES, RAIN DAY POLICY and CODE OF CONDUCT provided with the registration packet and affirm that I have read and understand these policies.

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

\_\_\_\_\_  
Date