



For office use only:

Group_____

ED_____ AM_____

PM_____ LD_____

River Friends Day Camp At-A-Glance Form

Camper Information

Camper's Name _____ D.O.B. _____ M / F
Last First Please circle

Street Address _____

Town _____ Zip _____ Home Phone _____

Parent 1: (M / F) Name _____ Preferred Phone _____ Alt Phone _____

Parent 2: (M / F) Name _____ Preferred Phone _____ Alt Phone _____

Parent 1 E-mail address _____

Parent 2 E-mail address _____

I give permission for the following people to pick up my child from camp: (List ALL)

Emergency Contact Information (Local people who can pick up your child in case of emergency)

Name _____ Phone _____ Alt. Phone _____

Name _____ Phone _____ Alt. Phone _____

Allergy & Special Needs Information

Does your child have any allergies? If so, please list

How are your child's allergies treated _____

If your child receives special services (speech, OT, PT, etc.), please provide us with the contact information for the therapists.

Please see reverse side of this form.



914.366.7898
371 South Broadway
Tarrytown, NY 10591
www.shamesjcc.org



Move! Learn! Connect!



Sunscreen Application (For all campers)

I give permission for the River Friends Day Camp staff to reapply sunscreen to my child, which I will supply as needed.

Signature _____

Swim Lessons (For campers 3-years and older)

I give permission for my child to participate in the American Red Cross “Learn to Swim” program at River Friends Day Camp. (Refusal requires medical documentation.)

Signature _____

Off-site Trips (For campers 4-years and older)

I give permission for my child to attend off-site trips with the River Friends Day Camp staff. (Refer to our calendar for specific dates and times.)

Signature _____

Photo Release (For all campers)

I give permission for my child to be photographed or recorded during camp hours. I understand that these photos and recordings are the exclusive property of the Shames JCC on the Hudson and our activity specialists and can be used by the JCC for promotional and/or program-related communication. I acknowledge that when the JCC uses such photos/recordings, they shall use first names only, if at all.

Signature _____

NYState (For all campers)

I have received a copy of “Children’s Camps in NY State” in my welcome packet or have accessed it at:

<https://www.health.ny.gov/publications/3601.pdf>

Signature _____



914.366.7898
371 South Broadway
Tarrytown, NY 10591
www.shamesjcc.org



**Move! Learn!
Connect!**