



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](http://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 \_\_\_\_\_



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