**2015 Campbell Summer Recreation Program**

Activities: Arts, Crafts, Games, Swimming and More.

(Snack and Lunch will be provided!)

WHEN: Mon-Thurs

July 6 – July 30

TIME: 9 am – 12 noon

AGES: 5 – 12

WHERE: Camp Bell Campgrounds, State Route 415, Campbell

* Open to all residents in the Town of Campbell, Thurston and Savona
* **PARENTS MUST PROVIDE TRANSPORTATION!!**
* Please **DO NOT** drop off before 8:50am, children need to be signed both in and out.
* A copy of participating child’s immunization records must be attached to this form per New York State. **NO RECORDS, NO RECREATION!! THIS IS MANDITORY!!!**

Name: Age:

Parent/Guardian Name:

Address:

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town in which you pay your Town & County Taxes in: (i.e. Campbell, Thurston, Savona)

Does your child know how to swim? \_\_\_\_\_\_\_\_

Please list any medical information that we should be aware of (allergies, physical limitations, etc.) Please explain what measures need to be taken with each allergy listed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby give permission for my child/children listed above to participate in the Campbell Summer Recreation Program, which includes swimming.

Parent/Guardian Signature Date

BRING THIS FORM WITH YOU ON THE FIRST DAY OF THE PROGRAM.

ANY QUESTIONS CONTACT: PAULA AYERS 368-4270