



PORT CHESTER RECREATION CUB CAMP APPLICATION



Registration Requirements:

- Children must be 3 years of age by May 31st, 2023
NO EXCEPTIONS
- Children must be toilet trained prior to camp
- Immunization Records **REQUIRED** at time of registration
- Proof of age **REQUIRED** at time of registration
- Space is limited to 30 children

Payments/Refunds:

- Port Chester Recreation accepts payment via check , cash or money order
- All refunds must be requested in writing
- Children will not be allowed to begin camp with unpaid balances
- Children can only register for a 2 week session or a full 5 weeks

First Name

Last Name

Age as of June 1, 2023

Address

City

State

Zip

Home Phone

Sex

Date of Birth

Session 1 (7/3-7/14)

Session 2 (7/17- 7/28)

Session 3 (7/31 -8/4) 1 week

Mother's Name

Mother's Email

Mother's Cell Phone /Work Phone

Father's Name

Father's Email

Father's Cell Phone/Work Phone

Allergies, Medication required during the camp day or camper's special needs

Emergency Name (other than parent)

Emergency Phone

Doctor's Name

Doctor's phone

I agree that I hold the Village of Port Chester Recreation Department, the Village of Port Chester, the Girls Scouts Heart of the Hudson and each of its officers, members, employees and agents blameless for injury sustained by my child, however caused, in the course of the Cub Camp as described above, and I agree that neither I nor anyone on my behalf or my child's behalf shall prosecute any claim or course of action against the Village of Port Chester, the Recreation Department or any of its officers, members, employees or agents because of any such injury, however caused. I understand that the Village of Port Chester does not carry accident insurance. I hereby give permission for my child to participate in the Port Chester Recreation Department Cub Camp. I have informed the Port Chester Recreation Department of any physical restrictions or limitations which my child may have. In the event of accident or illness, I give my permission for my child to receive medical treatment.

Parent's Signature

Date