Form: R/NR 2

OFFICE USE ONLY

 BUS \_\_\_\_\_\_\_\_\_\_

IMMUNIZATIONS \_\_\_\_\_\_\_\_\_\_

DISCIPLINE CONT\_\_\_\_\_\_\_\_\_\_\_

BRANT SUMMER RECREATION APPLICATION

*One Completed Form per Camper*

CAMPER INFO

CAMPER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY, ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DAYTIME PHONE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGE: \_\_\_\_\_\_\_\_\_\_\_ D. O. B.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE ENTERING IN FALL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

EMERGENCY CONTACT INFORMATION (REQUIRED)

Name of Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/Home Ph# \_\_\_\_\_\_\_\_\_\_\_\_\_

Family Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Doctor Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Co. & ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital (in case of emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies/Health Conditions Your Child Has: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Information that will be beneficial to the Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GIVE MY CHILD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PERMISSION FOR:

 \_\_\_\_\_\_\_\_\_\_ AUTHORIZED FIELD TRIP

 \_\_\_\_\_\_\_\_\_\_ SUPERVISED WATER ACTIVITIES & SPORT ACTIVITIES

 \_\_\_\_\_\_\_\_\_\_ ADMINISTRATION OF EMERGENCY FIRST AID (*also fill in form below)*

PARENT/GARDIAN SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby give my total consent for the Town of Brant Recreation Personnel to authorize medical care for my child. It is understood that the Recreation Staff will attempt to secure my consent prior to exercising this authority, as circumstances will follow.

I do hold harmless and indemnify the Town of Brant, their employees and agents, for any damage or liability incurred for any event following application of emergency medical care.

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

Relationship to Camper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALL CAMPERS MUST HAVE A COPY OF THEIR IMMUNIZATION RECORDS

TO PARTICIPATE IN THE TOWN OF BRANT RECREATION PROGRAM

**Form: NR-1**

**RECREATION FEES FORMULA FOR NON RESIDENTS NR**

THE TOWN OF BRANT SUMMER RECREATION PROGRAM RUNS FROM JULY 10TH TO AUGUST 18TH.

REGISTRATION STARTS JUNE 12, 2017 AT THE CONFERENCE ROOM – BRANT TOWN HALL

1272 BRANT NORTH COLLINS RD

**Camp Fee for NON Residents:**

Child #1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $140.00

Child #2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $125.00

Child #3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $115.00

4 or more children \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $410.00

*(continue listing children at bottom of this form)*

**TOTAL FOR CAMP ONLY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Bus Fee for NON Residents: (Children MUST be picked up in Brant)**

 **$70.00/child x \_\_\_\_\_\_\_\_children = $\_\_\_\_\_\_\_\_\_\_\_ TOTAL FOR BUSES**

**Camp Fee Total (above) $ \_\_\_\_\_\_\_\_\_ + Bus Fee Total (above) $\_\_\_\_\_\_\_ = $\_\_\_\_\_\_\_\_\_\_**

**FAMILY INFORMATION:**

NON RESIDENT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NON RESIDENT’S ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NON RESIDENT’S CITY, ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NON RESIDENT’S PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Children’s names cont’d (child #4 or more):**

**OFFICE USE ONLY**

**INT CNTRL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VACCINES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APP TO RD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DISC CONT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mail this form along with Forms No. R/NR2 and R/NR3 with payment made to:**

**Town of Brant, PO Box 254, Brant NY 14027**

Form: R/NR3

**TOWN OF BRANT SUMMER RECREATION**

**DISCIPLINE CONTRACT & BUS FORM**

Parents/Guardians,

 Welcome to the 2017 summer season! To ensure that all children have an enjoyable experience while at Camp, we have initiated a Discipline Contract that all parents required to sign and return BEFORE Monday, July 4, 2017

 Thank you for your cooperation

 Vince Fininzio, Jr.

 Recreation Director

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**The following rules will be followed by all children and enforced by all Counsilors during Brant Recreation:**

1. There will be NO ighting, swearing or disrespecting others

 2. Children will stay with their Counselor in their assigned location throughout the day

 3. While on the bus, the children will follow all bus rules.

 4. Stealing will not be tolerated

 5. While in the pool area, all swimmers will follow the rules of the pool and locker room.

**Consequences:**

**1st Offense:** A warning will be given to the individual and the parent/guardian will be notified by phone or writing.

**2nd Offense:** The individual will be suspended for 3 days from the Recreation Program

**3rd Offense:** The individual will be permanently suspended from recreation and the parent/guardian will NOT be refunded their money.

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I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read the above discipline plan and agree to all rules and consequences. I also agree to go over the importance of this plan with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Parent/Guardian Date

**BUS INFORMATION:** Total number of children at pickup location for this family \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Child/Children riding bus \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The child/children named above will take the bus to recreation on the following days of the week: *(Circle all that apply):* Monday Tuesday Wednesday Thursday Friday

Pickup address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ph# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(For NON residents, list the Pre-Determined Pickup location outside of Brant)*