

2025 Camper Registration Form

THIS FORM MUST BE COMPLETED BY PARENT/GUARDIAN AND SUBMITTED WITH PAYMENT AND OTHER REQUIRED DOCUMENTS BEFORE REGISTRATION WILL BE ACCEPTED. THE PERSON REGISTERING THIS CAMPER IS RESPONSIBLE FOR MAKING ALL PAYMENTS. PLEASE USE ONE FORM PER CHILD.

Camper's Name _____ Phone _____

Address _____ D.O.B. ___/___/_____

City _____ State ___ Zip _____ Age as of 6/25/25 _____

Camper Gender _____ Biological Sex _____

Primary Parent / Guardian Name (First & Last Name) _____

Home Phone _____ Cell _____ Work _____

Email _____

Secondary Parent / Guardian Name (First & Last Name) _____

Home Phone _____ Cell _____ Work _____

Email _____

Camper is in the custody of: ___ Mother ___ Father ___ Both ___ Other _____

**If special custody arrangements exist, please express in writing and provide documentation*

Name of Person Registering This Camper If Other Than Parent/Guardian

Relationship _____

Phone Number _____

Email _____

Camper Emergency Contact Information (must be over 18 years old)

Name _____

Relationship to Camper _____

Phone _____

Name _____

Relationship to Camper _____

Phone _____

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Camper Name: _____

<u>Enrollment</u>

<p>A \$50 NON-refundable deposit is due at the time of registration and will be applied toward the full balance. Full payment must be made by the Thursday prior to the session's start. (Ex: Payment is due by June 26th to attend on June 30th) Your child will not be allowed to attend unless payments are up to date.</p>

	Weekly Rate 9am-5pm	Before Care 8am-9am	After Care 5pm - 6pm	Thursday Sleepover (see below)
	\$220	+\$30	+\$30	+\$50
SESSION 1: June30 - July 3 No camp on July 4th				
SESSION 2: July 7 - July 11				
SESSION 3: July 14- July 18				
SESSION 4: July 21- July 25				
SESSION 5: July 28 - August 1				
SESSION 6: August 4 - August 8				
SESSION 7: August 11- August 15				

Breakfast and Lunch, provided at no additional cost!

NEW IN 2025

Starting the summer of 2025, we will be introducing one sleepover night a week. Each week, Thursday into Friday, campers will get to stay the night in a cabin and enjoy special activities such as cookouts, movie nights, after hours games and more.

Payment for these special nights must be part of your weekly registration fee.
 This is an additional cost of \$50 per camper.

Sorry scholarships cannot be used to waive this fee.

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Medical Insurance

Physician Name _____ Telephone _____

Address: _____ City _____ State _____

Medical Insurance

Name of Company _____ Policy Number _____

Policy Holder's Name _____ Relationship to Camper _____

Please attach a photo copy of the front and back of all insurance cards to this form.

IN THE EVENT OF AN EMERGENCY AUTHORIZATION

I hereby give permission to the medical personnel selected by Braeside Camp to order x-rays, routine tests and treatment for my child, and in the event I cannot be reached, I hereby give permission to the physician selected by Braeside Camp to hospitalize, secure proper treatment for and to order injection and /or anesthesia and/or surgery for my child as named above. This form may be photocopied for use off of property. I also give permission for routine medical care for my child by Braeside Camp.

SIGNATURE OF PARENT/GUARDIAN

DATE

If your child should become ill or injured at camp, the medical director has the following:

Tylenol	Ibuprofen	Benadryl
Aspirin	Ivy rest (for poison ivy)	Eye drops
Hydrogen peroxide	Neosporin (antibiotic cream)	Vaseline/Dry skin cream
Hydrocortisone cream	Bacitracin ointment	Bactine
Isopropyl alcohol	Antiseptic wipes	Calagel/Calamine lotion

This form serves as your consent for the child to self-administer the above medications if needed during camp. **If you do not want your child to have any of the above, please draw a line through it and initial.**

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Medications

NAME OF CHILD: _____

Any allergies or medical conditions (Asthma, Diabetes, etc) we should know about? Yes ___ No ___

Please provide as many details as possible including what happens when the camper encounters their allergen.

If your child has been prescribed medications, please list them below.

It is the responsibility of the parent/guardian to refill prescriptions.

All prescribed medications must meet the following criteria:

- Medications must be in their original containers.
- All medications must be labeled correctly (no damaged labels):
 - Complete name of patient.
 - Date prescription filled.
 - Expiration date.
 - Directions for use/precautions (if any)/storage (if any).
 - Name and address of dispensing pharmacy.
 - Name of physician prescribing medication.

Prescribed medications not following the above criteria will not be accepted by the medical director. If you have over-the-counter medications that your child takes on a regular basis, please include written authorization for the child to take such medication below or on the back of this page and ensure that the medication is in its original container and is correctly labeled. As a day camp it is recommended that medications be left at camp while your child is enrolled. This avoids the chance that medication is forgotten.

Please note that all medications must be checked in and locked away inside the Infirmary.

PRESCRIPTIONS/OTHER MEDICATIONS:

SIGNATURE OF PARENT/GUARDIAN

DATE

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Authorizations

CONSENT TO TREAT A MINOR TEMPORARILY SEPERATED FROM PARENT/ GUARDIANS

I/We, the undersigned, parent(s)/guardian(s) of _____, a minor, do hereby authorize Braeside Camp as our agent to consent to any diagnostic procedure or medical care which is deemed advisable by, and is to be rendered under the general or special supervision of, any licensed physician and surgeon on the staff of, or engaged by, Hospital selected by Braeside Camp, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific need for treatment but is given to provide authority on the part of our aforesaid agent to give specific consent to any and all such diagnosis, treatment, or hospital care which the physician in the exercise of his best judgment may deem advisable.

In consideration of the treatment to be rendered to the aforementioned minor, we do hereby release the Hospital and any physicians acting in connection or in conjunction therewith from any and all liability for failure of the parent to be specifically present and specifically consent to the treatment rendered to the aforementioned minor, so long as treatment is rendered in good faith and in the considered judgment of the physician and/or hospital as necessary and indicated under the circumstances.

This authorization shall remain effective until September 1, 2025.

Camper Name: _____

SIGNATURE OF PARENT/GUARDIAN

DATE

RELEASE FROM LIABILITY

I give permission for my child to participate in any activities, and I recognize that there are inherent risks in most camp activities.

In the case this application should be granted and said child be admitted to Braeside Camp, I do hereby individually, and on behalf of said child, agree to save the committee conducting Braeside Camp and each and every Official connected therewith, harmless as against any and all claims which either I or the said child might have because of injuries, accidents or sickness which said child might suffer while at Braeside Camp.

SIGNATURE OF PARENT/GUARDIAN

DATE

PHOTO RELEASE

Middletown Goshen Convalescent Children's Home
640 East Main Street, Middletown, NY 10940 (845) 343-8985

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Braeside Camp may take pictures and/or videos for use as camp promotional material for the camp and/or programs and I realize that my child's likeness and/or mine may appear in this material.

SIGNATURE OF PARENT/GUARDIAN

DATE