

Village of Altamont
BENJAMIN M CRUPE BOZENKILL PARK

Operated under permit from Albany County Health Department
115 Main Street – PO Box 643 – Altamont – New York – 12009 – Phone 861-8554 – Fax 861-5379

2023 Camp Scholarship Application

Please choose which weeks you would be interested in and number them as to 1st, 2nd and 3rd choice.

1 2 3 4 5
____ July 10 ____ July 17 ____ July 24 ____ July 31 ____ August 7

Today's Date: _____ Summer Program is for Children age 5 (THAT COMPLETED KINDERGARTEN) to age 13)

Child's Name: _____ Date of Birth: _____ ☐ M ☐ F
[] (Please check to confirm your child has attended & completed one year of kindergarten.)

Age of Child: _____ Ethnicity: _____

Parents: _____ Post Office Box #: _____

Street Address: _____

Home Phone: _____ Daytime: _____ Town/Village _____ Zip _____
Pager/Cell: _____

Emergency Contact (print)

Transportation Authorization (print name)

Name/Phone

Name/Phone

This Section, including most recent dates, must be completed AND medical record must be attached.

Medical/Allergies information: _____

Date of most recent immunizations: DPT: _____ Polio: _____

MMR: _____ Haemophilus Influenza type B: _____

Hepatitis B: _____ Varicella (chicken pox): _____

*Identify disabilities, hearing loss, or other emotional, mental, physical, learning issues or health concerns: _____

WAIVER OF PARTICIPANT OF SELF: In consideration of your accepting my or my child's registration and entry, I hereby for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the Village of Altamont and its representatives, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups, I understand there is an inherent risk of injuries associated with the activity and authorize emergency medical treatment and transportation in my absence. **Parent Signature Required:** _____

Program hours are 8:30 a.m. to Noon. Swim Hours are 11 a.m. - 11:45 a.m. weather permitting. Certified lifeguards will be on duty. Your permission is required for swimming. Children should wear proper swim wear under play clothes and bring their towels. Pool Regulations will be strictly enforced and children will be tested by Progressive Swim Instructor to determine their suitability for the pool. ***In case of heavy rain days, please keep children home or call to verify the plans for the day.***

☐ I, _____, give permission for _____ to swim.

☐ I, _____, **DO NOT** give permission for _____ to swim.

☐ Attached (over) Video/Photo Release Form ☐ Attached Medical Record

I, _____ accept the one-week scholarship to Bozenkill Summer camp and understand that it is my responsibility to transport my child to and from the Bozenkill Summer camp program.

VILLAGE OF ALTAMONT
115 Main Street PO Box 643
Altamont, New York 12009
Telephone: (518) 861-8554 Fax: (518) 861-5379

Kerry Dineen
Mayor
Patty Blackwood
Clerk
Catherine Hasbrouck
Treasurer

Trustees
Nicholas Fahrenkopf
Michelle Ganance
John Scally
Tresa Matulewicz

Video/Photo Release Form for Minors

I hereby give my permission, as the parent/legal guardian of the participating camper named below, to the Village of Altamont for the use and reproduction of the video footage, photographs or voice recordings of this participating camper. I understand that the use of the participant's image and voice will be primarily for the purposes of entertainment and/or promotion by the Village of Altamont and the Bozenkill Park Summer Camp program. Camper's names will not be used in any media production without additional authorization from a parent.

The signature below indicates my permission for the Village of Altamont to use any media recorded for entertainment and/or promotional purposes.

Camper's Name (please print name):

Parent/Legal Guardian (please print name):

Parent/Legal Guardian Signature:

Date:
