



Hyde Park Recreation
Camper Information Packet

****Please return this packet with the most recent immunization record for each camper.****

Contact and Pick up Form

Camper's Name(s): _____

Parent/Guardian: _____

e-Mail: _____

Address: _____

Please check the best number to reach you (provide all possible numbers)

__ Home: _____ __ Work: _____ __ Cell: _____

Emergency Contacts

Name/Relation: _____ Phone Number: _____

Name/Relation: _____ Phone Number: _____

Pick Up Information

Please fill out the name, relationship to camper, and phone number for all individuals other than those listed above who are allowed to pick up your child(ren) at Hackett Hill Day Camp. We will check photo identification at sign-out, so please make sure ALL individuals that may pick your child(ren) up are listed and remind these individuals to have their photo ID's ready.

1. Name: _____

Daytime Phone: (____) _____ Relationship: _____

2. Name: _____

Daytime Phone: (____) _____ Relationship: _____

3. Name: _____

Daytime Phone: (____) _____ Relationship: _____

4. Name: _____

Daytime Phone: (____) _____ Relationship: _____

If you have more than four people that will be allowed to pick up your child, please list name, daytime phone numbers, and relationships to the child on a seperate piece of paper.

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Date: ____/____/____



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Code of Conduct

Youth participating in or attending any of the Hyde Park Recreation Department's Summer Day Camps, Specialty Camps, or Swimming Programs are required to conduct themselves according to the following Code of Conduct:

All Campers MUST adhere to the following:

- Campers MUST stay with their Groups and Counselors AT ALL TIMES
- Campers must wear appropriate clothing, like socks, sneakers, etc.

The following are NOT permitted during Day Camp Hours of Operation:

- Physical, verbal, mental or emotional abuse of another person
- Possession, consumption or distribution of alcohol, drugs or tobacco
- Theft, destruction or abuse of property
- Possession or use of a weapon or any other harmful object with the intent to hurt or humiliate another person
- Other conduct deemed inappropriate by the Camp Director

If this code is violated, the following steps may be taken:

- The adult chaperone for the youth involved in the violation will be made aware of the situation
- The parent/guardian will be notified of the incident
- The parent/guardian may be called and asked to arrange for transportation home
- The camper may be barred from participating in Town Day Camps
- If any laws are violated, the case will be referred to the police

I, the Camper, have gone through these rules with an adult and understand that I must behave by these rules to keep my Summer Camp privileges.

Child(ren)s Name (Printed)

Child(ren)s Signature

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Date: ____/____/____

Medical History Information

4383 Albany Post Road
Hyde Park, NY 12538
P: (845) 229 8086 | F: (845) 229-6851



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Medical History Information

Please fill out one medical history form for **EACH** child.
Additional sheets are on our website or in our office.

Camper Information

Child's Name: _____ Date of Birth: ____/____/____
Gender: M / F Age: _____ Grade Entering in Fall: _____

Emergency Contact Information

1. Name/Relation: _____ Phone: _____
2. Name/Relation: _____ Phone: _____

Physician Information

Physician: _____ Office Phone #: _____
Medical/Hospital Insurance Carrier: _____ Policy/Group #: _____
Preferred Hospital: _____

Camper Health History

Do you have or are you subject to any of the following:

- | | | |
|---|---|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Dietary Restrictions | <input type="checkbox"/> Mental Condition |
| <input type="checkbox"/> Allergy or Drug Reaction | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Poison Ivy Sensitive |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Fainting Spell | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Bee Sting Reaction | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Sports Restriction |
| <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Heart Disease/Defect | <input type="checkbox"/> Swimming Restrictions |
| <input type="checkbox"/> Diabetes | | <input type="checkbox"/> Other |

Please explain any of the above: _____

★ If female: Started Menstruation? _____ If no, has been told about it? _____

If you have had any of the following illnesses, please give the approximate dates of infection:

_____ Measles	_____ Mumps	_____ Chicken Pox
_____ German Measles	_____ Mononucleosis	_____ Diphtheria



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Medical History Information (Cont)

Any operations or serious injuries: (Include Dates) _____

Any disability or chronic illness: _____

Any restrictions for medical reasons: _____

Please list all medication your camper takes, including over the counter medications, with specific dose:

*****For any medication that needs to be dispensed during camp hours, *****

*****please attach a doctor's note authorizing administration by camp personnel. *****

Please attach the most recent immunization record for this individual to this form.

This health history and information is correct as far as I know. The person herein described has permission to engage in all camp activities, except as noted. In the event I cannot be reached in an emergency, I hereby give permission to medical personnel selected by the Camp Director to order x-rays, routine tests, to hospitalize, secure proper treatment for and to order injections or anesthesia and/or surgery for my child as named above.

I, (Parent/Guardian) _____, do hereby recognize the risks of illness and injury inherent during the time of the use of The Town of Hyde Park recreational facilities. Therefore, I do hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I and/or my guests and participants may have against the Hyde Park Recreation Department, their agents, representatives, successors and assigns for any/all injuries suffered by the undersigned and his/her guests and participants during this event.

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Date: ____/____/____



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Camper's Name: _____

Photo/Video Release

At Hackett Hill we will be taking photos and videos to document our fun weekly activities! At times, these may be used to create projects, which may be displayed at camp. Photos and videos may also be posted to our Facebook page. Any posts of campers will be anonymous, no names will be included.

Please check the box you are most comfortable with, sign the bottom of the form, and return it to Hackett Hill Day Camp by Tuesday morning. Please fill out one form for all children attending.

I give my permission for Hackett Hill to take photos/videos of my child(ren) and for those images to be used in camp projects and may be posted on Town of Hyde Park's social media pages.

I DO NOT give my permission for Hackett Hill to take photos or videos of my child(ren)

Camp Requests

Have a friend in camp? Love a certain counselor? Anything else you want us to know? Please write that below and we will do our best to accomodate you and take your feedback!

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____ Date: ____/____/____