

# YORKTOWN PARKS AND RECREATION

## DAY CAMP REGISTRATION FORM- 2026

Camper's Name: \_\_\_\_\_  
 FIRST \_\_\_\_\_ LAST \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 STREET \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

Male/Female: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in Sept. 2026: \_\_\_\_\_  
 Month/ Day/Year

Parent/Guardian Name: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Household E-mail: \_\_\_\_\_ School Attending in 26': \_\_\_\_\_

Emergency Contact (other than Parent): \_\_\_\_\_ Phone: \_\_\_\_\_

### DAY CAMP 2026

June 30 to July 31

\* Space is limited for each program. Registration will be conducted on a first come, first served basis.

\* One (1) "Day Camp Registration for" is required per child.

\* Registration ends Friday May 15th

\* Please place a check  next to your selections.

PROGRAMS			LOCATIONS	
<input type="checkbox"/>	HALF DAY CAMP: #801-A	8:30am to 12:00pm	St. Elizabeth Ann Seton	1377 E Main Street
<input type="checkbox"/>	YORKTOWN FULL DAY: #803-A	8:30am to 3:00pm	Crompond Elementary	2901 Manor Street
<input type="checkbox"/>	LAKELAND FULL DAY: #802-A	8:30am to 3:00pm	Thomas Jefferson Elementary	3636 Gomer Street
<input type="checkbox"/>	EXTENDED DAY: #804-A	3:00pm to 6:00pm	Crompond Elementary	2901 Manor Street
TRAVEL CAMP: Times vary by Trip	#805-A	<input type="checkbox"/> Full Session	July 6 - July 30	George Washinton School 3634 Lexington Ave
	#805-B	<input type="checkbox"/> Session 1	July 6 - July 16	
	#805-C	<input type="checkbox"/> Session 2	July 20 - July 30	

Photo & Video consent opt-out: I do not grant the Yorktown Parks & Recreation Department the right to use photographs or video of my child, in conjunction with other persons or objects in presentations, advertising, publicity, and promotion relating thereto. Please initial to opt-out \_\_\_\_\_

**CONSENT WAIVER-** The Town of Yorktown maintains a standard of liability insurance policy that does not cover medical costs for anyone injured during the normal course of participation in any Recreation Department program or facility. ALL participants participate at their own risk. I give my child permission to participate in the Off-Site Activities Programs when scheduled, which may include out of camp trips to amusement parks and swimming. I authorize the Camp Director to secure appropriate and timely medical treatment for my child in case of medical emergency. I give permission for my child to carry and use sunscreen that is FDA approved for over-the-counter use. I acknowledge the Yorktown Recreation Department's right to refuse an application or to dismiss a camper at any time.

Parent/Guardian Signature: \_\_\_\_\_

**YORKTOWN PARKS & RECREATION**  
**2026 DAY CAMP REGISTRATION FORM (cont.)**

This confidential form must be **COMPLETED IN FULL** for your child's welfare and safety. Please print clearly. Your registration will not be accepted unless all areas are completed with appropriate information.

**Camper Name** \_\_\_\_\_

**Physician** \_\_\_\_\_ **Dr.'s Phone** \_\_\_\_\_

**INSURANCE**  
**Hospitalization/Insurance Co.** \_\_\_\_\_ **Policy ID#** \_\_\_\_\_

**MEDICAL/BEHAVIORAL INFORMATION** – Physician's physical not required. Check all that apply and specify with details.

**IMPORTANT: Write "N/A" for those that do not apply. Do not leave space blank.**

- Allergies (food, meds, insects, etc.): \_\_\_\_\_  
Describe reactions/management of reactions: \_\_\_\_\_
- Benadryl supplied by parents\*\* (indication, dose): \_\_\_\_\_
- Prescribed EpiPen\*\*; carried by your child or stored with on-sight medical designee? \_\_\_\_\_
- Prescribed medication during camp hours\*\* (med, time, dose): \_\_\_\_\_
- Asthma \_\_\_\_\_
- Asthma inhaler\*\*, carried by your child or stored with on-sight medical designee? \_\_\_\_\_
- Physical limitations: \_\_\_\_\_
- Behavioral concern or other precautions that will assist our staff in properly caring for your child: \_\_\_\_\_

\*\* A "Medication Permission Form" is required and is to be filled out by parent and physician.  
Forms available at Recreation Office, or Online at [www.yorktownny.gov/parksandrecreation](http://www.yorktownny.gov/parksandrecreation).

**IMMUNIZATION HISTORY** – NYS Health Department REQUIRES the following medical information.

**\*\* REQUIRED: Must have signed/stamped document from Physician of ALL immunization documentation! \*\***

**AND**

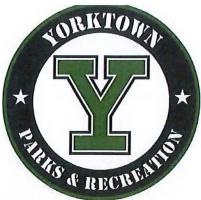
In addition to the signed/stamped documents from the Physician's Office, you must list the exact dates (i.e. 3/21/03 - month/day/year) in the chart below.

Immunization	Dose 1 Month/Day/Year	Dose 2 Month/Day/Year	Dose 3 Month/Day/Year	Dose 4 Month/Day/Year	Dose 5 Month/Day/Year
Diphtheria, Tetanus, Pertussis (DTaP) or (TdaP)					
Mumps, Measles, Rubella (MMR)					
Polio (IPV)					
Haemophilus Influezae Type B (HIB)					
Hepatitis B					
Varicella (chicken pox)					

**Please read and sign:**

I give permission, in case of injury, to take my child to a hospital for treatment, to include evaluation of injuries, x-ray's, and needed care.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# CAMP

## SUNSCREEN/BUG REPELLENT

### AUTHORIZATION FORM

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Chapter 242 amended NYS Public Health Law permitting a child to possess and use sunscreen at camp when all the following apply:

- (1) It is used to protect against overexposure to the sun.**
- (2) It is approved by the FDA for over-the-counter use.**
- (3) The parent or guardian provides written permission for the child to carry and use sunscreen.**

**Please complete and sign this form if you would like your child to use, carry and/or would like assistance applying sunscreen/bug repellent during camp hours.**

Child's Name: \_\_\_\_\_ Camp: \_\_\_\_\_  
Grade entering in Sept.: \_\_\_\_\_

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#### Sunscreen/Bug Repellent Permission:

\_\_\_\_ I consent to have my child carry and use sunscreen/bug repellent she/he has brought to camp, which is FDA Approved for over-the-counter use to avoid overexposure to the sun.

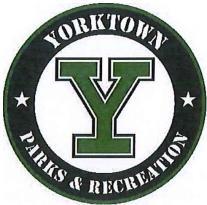
*Parent/Guardian Signature:* \_\_\_\_\_

*Print Name:* \_\_\_\_\_ *Date:* \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_ I consent to have a day camp staff member assist with the application of sunscreen/bug repellent when my child is unable to do so, or if my child requests the assistance.

*Parent/Guardian Signature:* \_\_\_\_\_

*Print Name:* \_\_\_\_\_ *Date:* \_\_\_\_/\_\_\_\_/\_\_\_\_



## **YORKTOWN DAY/TEEN TRAVEL CAMP**

### **OFF-SITE PERMISSION SLIP**

The New York State Department of Health requires all camps to have written permission for children to participate in any off site camp activities such as swimming at the Yorktown Municipal Complexes, or Teen Travel Trips. Children with signed permission slips will only be allowed to participate in the aforementioned activities. If you have more than one child participating in camp, please fill out one form per child. PLEASE NOTE: Only Full Day campers visit the Yorktown Municipal Pool(s) daily, however, Teen Travel does have water trips.

#### **Permission Slip**

I give my child \_\_\_\_\_ entering Grade (in September) \_\_\_\_\_ permission to participate in the Yorktown Recreation Day/Teen Travel Camp Off-Site Activity Program conducted at the Yorktown Municipal Pool Complexes or Teen Travel Trips, throughout the summer of 2026. I understand the following:

- Campers will be transported to the off-site facilities by school bus.
- Campers will be supervised by camp staff as well as qualified lifeguards/staff at the swim facility.
- Campers will be identified by their swim ability with a colored wristband.

Signature of Parent/Guardian: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_

Please return by June 20, 2026 in person or by mail  
1974 Commerce Street Room 122 & 123,  
Yorktown Heights NY, 10598