

Middletown Recreation ADVENTURE PROGRAM



Come Join the Middletown Recreation Dept. for our Adventure Program!

The Adventure Program is for 7 to 9 year olds and 10 to 12 year olds.

The program will be held in the back of Fancher-Davidge Park in Shelters 1 & 2, located at 225 Lake Avenue Middletown, NY 10940.

Hours are 9:00am to 3:00pm. Rain or shine. Lunch is provided.

Activities Include:

Scavenger Hunt

Capture the Flag

Geocaching

Team-Building

Free Swim

Raft Building

Mini-Olympics

& Much More!

7, 8, & 9 YEAR OLDS

10, 11, & 12 YEAR OLDS

SESSION #1: JUNE 26TH TO JUNE 30TH

SESSION #3: JULY 10TH TO JULY 14TH

SESSION #2: JULY 3RD TO JULY 7TH

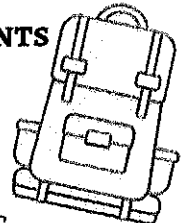
SESSION #4: JULY 17TH TO JULY 21ST

(NO CAMP JULY 4TH)

\$90 FOR MIDDLETOWN RESIDENTS; \$110 FOR NON-MIDDLETOWN RESIDENTS

[SESSION #2: \$80 FOR MIDDLETOWN RESIDENTS;

\$100 FOR NON-MIDDLETOWN RESIDENTS]



All registrations must be made by mail or in person by the Friday before your sessions begins at the Recreation Dept. Office located at 47 Academy Avenue.

The medical form attached must be returned with the registration.

All registration fees are non-refundable.

Pay by CASH/CHECK/MONEY ORDER

ADVENTURE PROGRAM REGISTRATION

Name _____ Age _____ Birthday _____

Address _____ Zip _____

Phone Number (C) (W) (H) _____

Please CIRCLE Desired Session(s): #1 #2 #3 #4

FULL payment is required with applications. Make checks payable to: Middletown Recreation Dept.
Mail or bring to the Recreation Office, 47 Academy Avenue, Middletown, NY 845-346-4180

Middletown Recreation Adventure Program

Dear Adventure Program Participant,

Please return the "**Medical Information**" form at the bottom of this notice, when you turn in your completed Adventure application together with complete payment of one or more sessions. It is **mandatory** that we have this form on file when the health department inspects the camp. **REGISTRATION APPLICATIONS WILL NOT BE ACCEPTED WITHOUT A COMPLETED MEDICAL FORM.**

Our all "**NEW**" Adventure Program will begin each day in Fancher-Davidge Park's Shelter #1 & #2. These shelters are located at the back of the park on 225 Lake Avenue, Middletown, New York. All of your activities will take place outside so dress accordingly. There will be swimming, so bring a swim suit and towel. Lunch will be provided but bring a snack and something to drink each day. Camp begins at **9:00 a.m.** and ends at **3:00 p.m.** Please make necessary arrangements to depart at 3:00 p.m., or a \$25.00 late pick-up fee will be assessed at pick-up. This program will be in full swing...rain or shine. Although we hope to have no use for it, secondary accident insurance is provided.

PLEASE RETURN with CAMP APPLICATION TO: Middletown Recreation Dept., 47 Academy Avenue, Middletown, NY 10940

MEDICAL INFORMATION

NAME _____ AGE _____ BIRTHDATE _____

ADDRESS _____ ZIP _____

PHONE#{home} _____ {work} _____ {cell} _____

Current Confidential Medical History – Please write just the **MOST RECENT DATES** on the below lines.

PLEASE provide a valid copy of child's **Birth Certificate**.

IMMUNIZATION AGAINST	DATE IMMUNIZED mo./date/yr.	IMMUNIZATION AGAINST	DATE IMMUNIZED mo./date/yr.
Varicella(Chicken Pox)	____/____/____	Haemophilus influenza type B	____/____/____
Diphtheria/Tetanus (DTP)	____/____/____	Measles/Mumps/Rubella(MMR)	____/____/____
Poliomyelitis(OPV)	____/____/____	Hepatitis B	____/____/____

OTHER MEDICAL INFORMATION, RESTRICTIONS, MEDICATIONS (ALLERGIES, BEE STING, ASTHMA, ETC.):

NAME, ADDRESS, & PHONE NUMBER OF RESPONSIBLE PERSON TO CONTACT IN CASE OF EMERGENCY

NAME

ADDRESS

PHONE#

1. _____

2. _____

PARENT or GUARDIAN'S CERTIFICATION: I certify that the applicant named above is in good health and has my permission to participate in the **2017 MIDDLETOWN ADVENTURE PROGRAM**. I also certify that I understand and acknowledge that I will be required to pay a late registration fee of \$20.00 if I fail to meet the registration deadline(prior to 1st day of session), or a late pick-up fee of \$25.00 if I fail to pick-up my child at the designated pick-up time stated on the registration form.

Signed: _____