



Patterson Recreation

Presents

Winter Camp

Monday, Feb. 20th – Friday, Feb. 24th

9:00AM – 4:00PM

GRADES K – 8TH

Many fun activities to keep your child active during their Winter Break!!

- * Kickball * Dodgeball *
 - * XBOX KINECT *
 - * Basketball * Wiffle Ball * Soccer *
 - * Arts & Crafts * Steal-The-Bacon * Capture-The-Flag *
- And so much more!



\$160 per child per week (Rec members \$150)
 \$150 for each additional child per week
 \$40 per day (minimum of 2 days)

Before Care: \$50 per child per week/\$15 day
 (7:00am – 9:00am)

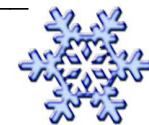
After Care: \$50 per child per week/\$15 day
 (4:00pm – 6:00pm)

Registration Deadline: February 13, 2012
 \$15 late fee applies to all

Make checks payable to **Patterson Rec.**
 P.O. Box 278
 Patterson, N.Y. 12563

Per Day – Minimum of 2 days (\$40/day)	(Circle)	Mon	Tues	Wed	Thurs	Fri	\$ _____	Full Week (\$160)	\$ _____
Before Care (\$50/wk or \$15/day)	(Circle)	Mon	Tues	Wed	Thurs	Fri	\$ _____	Full Week (\$50)	\$ _____
After Care (\$50/wk or \$15/day)	(Circle)	Mon	Tues	Wed	Thurs	Fri	\$ _____	Full Week (\$50)	\$ _____
								TOTAL CAMP AMOUNT	\$ _____

Participant Last Name _____		Participant First Name _____		Grade _____	Gender _____	Date of Birth _____ / _____ / _____
Participant Street Address _____			Town _____	State _____	Zip _____	
Parent Name _____		Home Telephone Number _____				
1st Parent Cell Number _____		2nd Parent Cell Number _____		Parent Email _____		
Additional Emergency Contact Name & Number _____				<i>Minimum of 20 children required to run Camp</i>		
<p>MEDICAL INFORMATION - My child _____ is in good physical condition and have not had any serious illness or operation since his/her last health examination that would interfere in his/her ability to participate in Patterson Rec Programs.</p> <p>Physician _____ Phone _____</p> <p>Any Medical Concerns/Allergies We Should Be Aware Of? _____ Please List: _____</p>						



Adult - Parent/Guardian - Participant Release Waiver

In consideration for accepting this application I the undersigned, intending to be legally bound for myself, my heirs, executor and administrators, waive and release any and all rights and claims for damages I may have against any and all agents, chaperones, employees of the Town of Patterson and any other sponsors, their representatives, successors and assigns for any and all injuries and/or damage suffered by me/my son/daughter in connection with this activity. My child is in suitable physical condition to participate in the activity specified in my application. In the event of injury I authorize Patterson Recreation to arrange for medical care/transportation to a medical facility at my own expense. However, I understand that Patterson Recreation will not be held liable for any such medical care/transportation.

Signature of Participants Parent/Guardian: _____ Date _____

Office Use Only:

Amount: _____ Cash: OR Check #: _____ Today's Date: _____ Received Initial: _____ Entered Initial/Date: _____