



## Town of Willsboro



5 Farrell Road, Willsboro, NY 12996

518-963-8668

### Willsboro-Essex Summer Youth Program 2025

#### **REGISTRATION BEGINS MAY 15<sup>th</sup> - Willsboro Town Hall**

The towns of Willsboro and Essex are proud to announce that the summer youth program is returning again this year! Experienced leadership and familiar counselor faces, weekly visits from Cornell Cooperative Extension, weekly bowling, and Monday through Friday schedule will make this summer one to remember.

Location: Willsboro Central School

Dates: July 7-August 8(5 Weeks)

Hours: 8:30-3:00(Breakfast & Lunch provided)

Ages: 5-12(Completed Pre-K)

**Immunization Records: Must be submitted with application**

**Application Fee: \$100(checks payable to Town of Willsboro)**

**Please reach out with questions or concerns:**

Camp Director: Jenna Ford at 518-645-6892

Assistant Health Director: McKinley Belzile at 518-572-8030

Town Board Liaison: Lorilee Sheehan at 518-570-7124



**REGISTRATION DEADLINE - JUNE 20<sup>th</sup>**

# Willsboro-Essex Summer Camp Program

For the Town of Willsboro use only \$100.00 per child

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Cash [ ]

Check [ ]

## CAMPER REGISTRATION

Participant's Name: \_\_\_\_\_  
First MI Last

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: (Circle one) Female Male

Address: \_\_\_\_\_  
Street City zip code

School: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Guardian (1): \_\_\_\_\_  
First MI Last

Phone: \_\_\_\_\_  
Cell Work Home

Email: \_\_\_\_\_

Guardian (2): \_\_\_\_\_  
First MI Last

Phone: \_\_\_\_\_  
Cell Work Home

Email: \_\_\_\_\_

I give permission for my child to be photographed or video recorded. It is understood the photos or video may be used for slideshows, articles, scrapbooks, and social media, etc. in relations to the Town of Willsboro's Summer Camp Program.

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

# Willsboro-Essex Summer Camp Program

## In Case of Emergency

### Emergency Contact & Release

List below whom we should contact in the event you (parents / guardians) cannot be reached during an illness or emergency. Contact needs to be at least 16 years old.

Emergency Contact (1): \_\_\_\_\_  
First MI Last

Phone: \_\_\_\_\_  
Cell Work Home

Email: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Does this person have permission to make health related decisions for you child? YES NO

Emergency Contact (2): \_\_\_\_\_  
First MI Last

Phone: \_\_\_\_\_  
Cell Work Home

Email: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Does this person have permission to make health related decisions for you child? YES NO

#### \*In an Emergency Situation\*

I understand that every effort will be made to contact parents / guardians of a child. In the event I cannot be reached. I hereby give my permission to the physician selected by the Program's Director to secure treatment, hospitalization if necessary, and to order injections, medication, anesthesia, and / or surgery for my child.

Parent/ Guardian  
PRINT

Signature

Date

# Willsboro-Essex Summer Camp Program

## Health Information

Medical insurance is REQUIRED for all camp participants. I confirm that the participant has medical insurance.

Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**\*\* NO Medication can be sent with your child. Medication must be given prior to camp. The only exception is an EPI-PEN\*\***

### \*Immunization Records\*

You must attach a copy of your child's shot records. We do not have consistent access to school record. You can get a copy from your child's school nurse prior to the end of the school year, or you can obtain a copy from your family physician. The Willsboro-Essex Summer Program does not have permission to request these records from a school or physician.

Health Information: (Please check yes or no) List and use space below to explain.

YES [ <input type="checkbox"/> ]	NO [ <input type="checkbox"/> ]	Allergies
YES [ <input type="checkbox"/> ]	NO [ <input type="checkbox"/> ]	Asthma
YES [ <input type="checkbox"/> ]	NO [ <input type="checkbox"/> ]	Diabetes
YES [ <input type="checkbox"/> ]	NO [ <input type="checkbox"/> ]	Dietary Restrictions
YES [ <input type="checkbox"/> ]	NO [ <input type="checkbox"/> ]	Down Syndrome
YES [ <input type="checkbox"/> ]	NO [ <input type="checkbox"/> ]	Emotional / Behavioral Disorders
YES [ <input type="checkbox"/> ]	NO [ <input type="checkbox"/> ]	Epilepsy
YES [ <input type="checkbox"/> ]	NO [ <input type="checkbox"/> ]	Hearing / Visual Impairment
YES [ <input type="checkbox"/> ]	NO [ <input type="checkbox"/> ]	Tetanus Toxoid

Please list any other health information not listed, or provide more details to the list above:

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Please describe any "out of Country" travel in the two weeks prior to camp start:

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**\*\* NO Medication can be sent with your child. Medication must be given prior to camp. The only exception is an EPI-PEN\*\***

# Willsboro-Essex Summer Camp Program

## Sunscreen & Bug Spray Authorization

*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 parents 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 carry, use / or would like assistance applying sunscreen and / or bug spray while at camp.

Child's Name: \_\_\_\_\_

### Sunscreen Permission

- ☐ I consent to have my child carry and use sunscreen and / or bug spray she/he has brought to camp, which is FDA approved for over the counter use.

\_\_\_\_\_  
Parent/ Guardian  
PRINT

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- ☐ I consent to have a day camp member assist with the application of sunscreen and / or bug spray when my child is unable to do so, or if my child request assistance.

(Spray sunscreen / Bug spray only)

\_\_\_\_\_  
Parent/ Guardian  
PRINT

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# **Willsboro-Essex Summer Camp Program**

## **Camper Pick-Up Authorization and Camp Acknowledgement Agreement**

### **Camper Pick-Up Authorization**

Pleas take this opportunity to let us know who has permission to pick up your child from camp. This list should include carpool groups, babysitters and other parents, relatives or friends who are permitted to pick-up your child. NO camper will be released to anyone except the following list under any circumstances. The individuals picking up campers should be aware that our staff may ask for photo identification at the time of pick-up.

If any changes need to be made to this list on short notice, please contact the camp office as soon as possible, 518-801-3048(Program Director-Kalli Bourdeau). Any permanent changes will need to be provided in writing to the Program Director.

**Full Name**

**Relationship**

**Phone**

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### **Acknowledgment Agreement**

By Signing below, I acknowledge that I have read and understand all the camp policies and procedure list in the Willsboro-Essex Summer Camp Program Camper Handbook. I hereby waive all claims against the Town of Willsboro, now, known, or arising in the future relating to my child's participation in the Willsboro-Essex Summer Camp Program.

**THIS FORM MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC**

\_\_\_\_\_  
Parent/ Guardian (PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Stamp

\_\_\_\_\_  
Date