



Shakespeare Summer Camp

Medical Form

PLEASE PRINT AND COMPLETE THIS FORM, SEND TO:

HVSF, SUMMER CAMP, 143 MAIN STREET COLD SPRING, NY 10516

This form must be received by June 26, 2020 — prior to the start of camp.

NYS Department of Health mandates all campers must have a health form (including immunizations) on file prior to the first day of camp. **Children will not be allowed to attend camp without these forms on file.**

CHILD’S INFORMATION: **If you have multiple children attending, a separate form must be completed for each child.**

FIRST NAME	LAST NAME	AGE
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PRIMARY CONTACT’S INFORMATION:

FIRST NAME	LAST NAME	PHONE NUMBER
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ADDRESS	CITY	STATE	ZIP
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IF I’M NOT AVAILABLE IN AN EMERGENCY, PLEASE NOTIFY: (Include 2 contacts and list in order of preference)

1. _____

NAME	PRIMARY PHONE	SECONDARY PHONE
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RELATIONSHIP TO CHILD

2. _____

NAME	PRIMARY PHONE	SECONDARY PHONE
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RELATIONSHIP TO CHILD

ATTENTION: YOU MUST NOTIFY HVSF IF YOUR CHILD IS EXPOSED TO A COMMUNICABLE DISEASE PRIOR TO THE START OF CAMP AND/OR WHILE ATTENDING CAMP.

PLEASE ANSWER THE FOLLOWING QUESTIONS: You can attach additional pages, if necessary

IS YOUR CHILD RESTRICTED FROM PERFORMING ANY SPECIFIC ACTIVITIES?

DOES YOUR CHILD HAVE ANY DIETARY RESTRICTIONS OR ALLERGIES?

IS YOUR CHILD CURRENTLY BEING TREATED BY A PHYSICIAN? IS HE/SHE TAKING MEDICATION? PLEASE EXPLAIN.

I hereby authorize that the information I have provided is truthful and complete and that my child, as herein described, has permission to engage in all camp activities, except those noted by me on this form. In the event that I cannot be reached during an emergency, I hereby give HVSF permission to call emergency medical personnel to secure proper treatment, order injection, anesthesia or surgery and/or hospitalization for my child as named above.

I understand that HVSF cannot administer any medications to my child, including epi-pen injections and inhalers. Your camper's health and safety are the highest priorities at camp. Most camp injuries are minor and will be handled by our Camp Director. If an injury occurs that needs further attention, you will be called to pick up your child. In a serious emergency, your child may be sent to the hospital with the paramedics. Please do not send your child to camp sick. Should your child become ill at camp, we will call you for pick-up.

PRINT NAME

SIGNATURE

DATE



Shakespeare Summer Camp Parent Information Form

Please contact HVSF if your child will be late or absent, for last-minute pick-up arrangements, in the case of an emergency, or if you have any questions or concerns. Marie D'Apice can be reached at (845) 809-5750 x13. Contact information for the HVSF Camp Director will be distributed via e-mail prior to the start of Camp as well as on the first day of Camp.

CHECK-IN/PICK-UP

Parents and caregivers must drop-off campers between **8:45-9:00am** at the Haldane Jr. High School: entrance accessed from the school's lower parking lot. An HVSF Summer Camp Staff member will be waiting at the entrance to the school. For safety purposes, we ask that you walk campers to the door and check them in with the staff member. This allows staff to become acquainted with parents/caregivers and to ensure we are aware of who will be picking campers up in the afternoon.

Please be courteous and park your vehicle in an available parking spot; do not park or leave your car running in the driving lane because this can cause delays or accidents. This applies to pick-up procedures.

IMPORTANT: Campers cannot be dropped off before **8:45am**; an HVSF Summer Camp staff will not be available to supervise.

If you are running late and will arrive after **9:00am**, please call HVSF as soon as possible. Once you arrive, bring your child to the small gymnasium/auditorium, located on the 2nd floor, where camp activities will be held. If you know in advance that you will arrive late on any day, please call and leave a message for Marie. Activities will not be delayed due to late arrivals. **Campers must be picked up by 2:45pm.**

IMPORTANT: There is no camper pick-up after 2:45pm; the Haldane School building will be locked at that time. In an emergency, please call us as soon as possible. Additional fees may apply to cover staff time.

If your child will be picked up by anyone other than yourself, or the person named on the release form, you must provide a note, at check-in, indicating who will be picking up your child(ren). HVSF will not release your child(ren) to anyone other than you, or the person named on the release form, if you don't provide a note. In the case that you have to arrange for someone else to pick up your child(ren) after the time of check-in, please contact HVSF as soon as possible and provide his/her name and contact information. They will be required to show I.D. at pick-up in order for your child(ren) to be released.

LUNCH

Please label your child(ren)'s lunch and beverages with his/her name and send them in a paper bag or lunch box every day. Do not pack any nuts or gum. HVSF cannot guarantee that lunches will be refrigerated. Please pack non-perishable food, or include an ice pack.

Light snacks and bottled water will be provided. Please include any dietary restrictions or allergies on your child's medical form. HVSF will not purchase any snacks that contain peanuts. If, for any reason, you do not want your child(ren) to accept snacks or beverages provided by HVSF, please note that on his/her medical form.

DRESS

All campers should arrive wearing socks, sneakers and comfortable clothing to allow them to move freely; campers will be on their feet for the majority of the day. **For safety reasons, flip flops are not allowed.**

IMPORTANT: If weather permits, campers may be able to use the outdoor playground during lunch. Light layers are encouraged to accommodate both indoor and outdoor activities during the course of the day.

NYS Health Department dictates that HVSF staff cannot apply sunscreen - please apply to your child in the morning prior to attending camp or pack in their bags for them to apply prior to going outdoors, if you would like.

ABSENCES

If your child is unable to attend a day of camp, please call HVSF as soon as possible. If it is a planned absence, please let us know at least one day in advance. We do not offer refunds if your child is absent for any camp sessions. There are no exceptions.

ILLNESS

Please do not send your child to camp if he/she is ill. If HVSF and any of its associates feel that your child is too sick to participate in camp activities, you will be called to pick him/her up immediately. HVSF has a mandatory contagious disease policy: a child will be required to remain out of the program until we have a doctor's note on file stating that your child is no longer contagious.

Should a medical emergency arise, emergency personnel will be called and you will be contacted immediately.

CANCELLATIONS

HVSF rents our camp space from Haldane Central School District. The district stipulates that it has the right to restrict access to the building should a school-related event arise. In this case, HVSF will have to cancel summer camp activities. We believe this occurrence will be rare and unlikely but, should it occur, HVSF will contact you as soon as possible. In the case that HVSF cancels any portion of the program, partial refunds will be issued. We apologize for any inconvenience that could occur and promise that we will address it quickly and with consideration.

CULMINATING EVENT

Parents will be invited to attend a culminating event at the end of each week- Friday, July 24, 2020 and Friday, July 31, 2020. More details will be announced as we get closer to the beginning of camp.

REFUND POLICY

As stated on the payment form: Payment must be made in full in order to register your child or children; deposits will not be accepted. Refunds for camp enrollment will only be authorized until May 8, 2020. There are no exceptions. A 25% administrative fee will be deducted from all refunds. There are no refunds on merchandise or performance tickets.

CHECK LIST

- Submitted Registration Form and Payment
- Submitted and Signed Release Form (by June 26, 2020)
- Submitted and Signed Medical Form (by June 26, 2020)

Shakespeare Summer Camp Registration Form



PLEASE PRINT AND COMPLETE THIS FORM, SEND WITH PAYMENT TO:
HVSF, SUMMER CAMP, 143 MAIN STREET COLD SPRING, NY 10516

CHILD'S INFORMATION: (YOU CAN LIST UP TO 3 CHILDREN ON THIS FORM)

***IMPORTANT: Make sure to include your child's age to ensure he/she is placed in the proper group**

FIRST NAME	LAST NAME	AGE	GRADE ENTERING IN FALL
1)	_____		
2)	_____		
3)	_____		

ENROLLMENT: (CHECK ALL THAT APPLY)

***IMPORTANT: Children may enroll in the one-week program (either week) or the full two-week program**

1) WEEK ONE: JULY 20 – 24, 2020 _____	WEEK TWO: JULY 27 – JULY 31, 2020 _____
2) WEEK ONE: JULY 20 – 24, 2020 _____	WEEK TWO: JULY 27 – JULY 31, 2020 _____
3) WEEK ONE: JULY 20 – 24, 2020 _____	WEEK TWO: JULY 27 – JULY 31, 2020 _____

PARENT/GUARDIAN'S INFORMATION:

_____ PARENT 1/GUARDIAN'S NAME	_____ PARENT 2/GUARDIAN'S NAME
_____ PARENT 1/GUARDIAN'S WORK/HOME PHONE NUMBER	_____ PARENT 2/GUARDIAN'S WORK/HOME PHONE NUMBER
_____ PARENT 1/GUARDIAN'S CELL PHONE NUMBER	_____ PARENT 2/GUARDIAN'S CELL PHONE NUMBER
_____ PARENT 1/GUARDIAN'S E-MAIL	_____ PARENT 2/GUARDIAN'S E-MAIL

PAYMENT FORM

REGISTRATION FORMS WILL NOT BE ACCEPTED WITHOUT PAYMENT; DEPOSITS WILL NOT BE ACCEPTED. REFUNDS FOR CAMP ENROLLMENT WILL ONLY BE AUTHORIZED UNTIL MAY 8, 2020. THERE ARE NO EXCEPTIONS. A 25% ADMINISTRATIVE FEE WILL BE DEDUCTED FROM ALL REFUNDS. THERE ARE NO REFUNDS ON MERCHANDISE OR PERFORMANCE TICKETS.

PLEASE FILL OUT THE FOLLOWING INFORMATION CAREFULLY

BEFORE APRIL 1:

All registrations receive the early-bird discount (no other discounts apply)

SUBTOTAL

Philipstown Res: \$315.00 _____ (# of children, limit 3) x _____ (# of weeks) = _____

Non-Philipstown Res: \$325.00 x _____ (# of children, limit 3) x _____ (# of weeks) = _____

AFTER APRIL 1:

For single child enrollment or first child w/ siblings:

Philipstown Res: \$340.00 x _____ (# of weeks) = _____

Non-Philipstown Res: \$350.00 x _____ (# of weeks) = _____

For additional children, limit 2 siblings:

Philipstown Res: \$325.00 x _____ (# of siblings) x _____ (# of weeks) = _____

Non-Philipstown Res: \$335.00 x _____ (# of siblings) x _____ (# of weeks) = _____

OPTIONAL:

\$20.00 x _____ (# of Summer Camp T-shirts) = _____

GRAND TOTAL = _____

Preferred t-shirt size: We will do our best to accommodate your request. If for any reason we cannot then we will contact you immediately. Please indicate the size and either youth or adult, below:

Small _____ Medium _____ Large _____ X-Large _____ / Youth _____ Adult _____

TICKET DISCOUNT

Camper and their families are eligible for a **25% discount** on tickets to ***Love's Labour's Lost*** on **Sunday, August 2**. Upon registration, an e-mail will be sent including all details and a promotional code that will give you access to the discount. You may then order tickets online or through the Box Office.

METHOD OF PAYMENT:

_____ CHECK _____ VISA _____ MASTERCARD _____ AMERICAN EXPRESS _____ DISCOVER

CARD NUMBER EXP. DATE SECURITY CODE

NAME ON CARD CARDHOLDER'S SIGNATURE

BILLING ADDRESS FOR CREDIT CARD (Including zip code)

Shakespeare Summer Camp Release Form



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This form must be received by June 26, 2020 — prior to the start of camp. Your child or children will not be able to attend if forms are not received by this date.

CHILD'S INFORMATION: (YOU CAN LIST UP TO 3 CHILDREN ON THIS FORM)

FIRST NAME

LAST NAME

D.O.B/AGE

1) _____

2) _____

3) _____

CONTACT INFORMATION:

ADDRESS

CITY

STATE

ZIP

HOME PHONE

CELL PHONE

WORK PHONE

Other than myself (who filled out this form), I authorize the following person to pick up my child or children at the end of any/all camp days: * You may attach additional pages if you would like to list more than one authorized pick-up.

NAME

PRIMARY PHONE

SECONDARY PHONE

RELATIONSHIP TO CHILD

GENERAL RELEASE: I hereby release the Hudson Valley Shakespeare Festival Inc. (HVSF), its trustees, employees, staff, volunteers and any other HVSF Associate from any and all liability or claims for damages arising from my child's or children's attendance at the Shakespeare Summer Camp.

PHOTO/VIDEO RELEASE: I hereby authorize the Hudson Valley Shakespeare Festival Inc. (HVSF) to photograph and/or videotape my child or children for use in any and all HVSF marketing materials/media.

I have read and understand the terms and conditions of the release form and parent information form:

* I am authorized to pick my camper(s) up at the end of the day.

PRINT NAME

SIGNATURE

DATE