



Village of Bellport

2026 Kids Camp Registration

Please Print Clearly – WILL NOT ACCEPT ANY REGISTRATIONS WITHOUT FULL PAYMENT

CHILD'S NAME _____ SEX: M F

DATE OF BIRTH: MONTH _____ DAY _____ YEAR _____ GRADE JUST COMPLETED: _____
(May require proof of grade completed)

PARENTS' / GUARDIANS' NAMES* _____

*Those listed as guardians must provide proof of legal guardianship

MAILING ADDRESS _____

ZIP CODE _____ CELL PHONE _____ HOME PHONE _____

EMAIL _____

Emergency Contacts (Please list 2)

1. Name: _____ Relationship: _____

Phone Number: _____

2. Name: _____ Relationship: _____

Phone Number: _____

I am registering for: Kids Camp (4-week program) _____ Resident \$400 _____ Non-Resident \$475
(July 6, 2026 – July 31, 2026)

T-SHIRT SIZE: Circle one (1 Included with Camp Registration)

Child: M L Adult: S M L XL

T-Shirt QTY _____

Total Payment: _____

Rights and Responsibilities The regulatory program of the New York State Department of Health places specific responsibilities on camp operators, and on local health departments that enforce department regulations. Following is a summary of rights and responsibilities:

Rights of Parents and Guardians • To be informed by the camp director, or his or her designee, of any incident involving your child, including serious injury, illness or abuse. • To review inspection and investigation reports for a camp, which are maintained by the local health department issuing the camp a permit to operate (present and past reports are available). • To review the required written camp plans. These are on file at both the camp and the health department issuing the permit to operate.

Please Print Clearly

1. Is your child currently in good health? _____ Yes _____ No (If no, please describe)

2. Does your child have any restrictions/limitations with regard to physical activity? _____ Yes _____ No
(If yes please describe)

3. Does your child have any recent illness or injury or existing medical conditions? _____ Yes _____ No
(If yes please specify)

4. Is your child on any medication(s)? _____ Yes _____ No
(If yes, please specify and provide any necessary instructions)

5. Does your child have allergies? (e.g., Medicine, food, drink, insect stings, etc.) _____ Yes _____ No
(If yes please specify)

6. Has your child had any potential exposure to communicable diseases or recent travel in the 2 weeks
prior to the start of camp? _____ Yes _____ No (If yes please specify)

Attached is a copy of my child's current immunization record: _____

I hereby authorize and approve my child's participation in the recreation program sponsored by the Village of Bellport. I know of no physical disabilities or illnesses which would interfere with my child's participation in this program. As parent/guardian of _____ (participant) I do hereby agree that participation in any Village sponsored recreation/camp program will be at the participants own risk. I further agree to release the incorporated Village of Bellport, including their respective officers, elected officials, servants, agents and employees from any and all claims for damages due to personal injury and loss or damage to property from any cause whatsoever sustained by myself or the participant in connection with the Village sponsored recreation/camp program. I understand that no expenses or implied warranties have been made by the Village as to the fitness for use of the supplies, equipment, and facilities used in conjunction with any Village sponsored recreation program.

****This form, immunization record and full payment must be received in order for a spot to be confirmed****

_____/_____
Signature of Parent/Guardian Relationship to Child Date

No Refunds