

# TRI-TOWN RECREATION REGISTRATION FORM

\*\*\* Complete one form per person \*\*\* Registration form MUST BE COMPLETE to participate.

Name (Print) \_\_\_\_\_ Age \_\_\_\_\_ Grade Completed \_\_\_\_\_ Phone \_\_\_\_\_  
Shirt Size: (Circle one size) Youth M L Adult S M L Circle Town you Live In:  
Mailing Address \_\_\_\_\_ Zip \_\_\_\_\_ Elma Marilla Wales List Other: \_\_\_\_\_  
Email: \_\_\_\_\_ Circle preference for information: Email or Mail *Other towns need prior approval*

- for • Day Camp • Total Day Camp
- Leadership in Training Program
- Adventure Program • Jr. Leader Program

<b>DAY CAMP DISCOUNTS:</b> <i>(Includes Day Camp, Total Day Camp, LIT, Adventure Program, Jr. Leader)</i>	<b>For More than One Youth in a Family:</b> Cost for 2 <sup>nd</sup> Youth in a Family: Subtract \$10 for each session; subtract \$5 for 7 <sup>th</sup> week special Cost for 3 <sup>rd</sup> Youth in a Family: Subtract \$20 for each session; subtract \$10 for 7 <sup>th</sup> week special
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<b>Day Camp for K - 5<sup>th</sup> Graders:</b>	9:00 am - 3:00 pm	\$175/session	\$88 for the 7 <sup>th</sup> Week Special	
Session I _____	Session II _____	Session III _____	7th Week Special _____	Cost: \$ _____

<b>Total Day Camp for K - 5<sup>th</sup> Graders:</b>	7:30 am - 5:00 pm	\$215/session	\$108 for the 7 <sup>th</sup> Week Special	
Session I _____	Session II _____	Session III _____	7th Week Special _____	Cost: \$ _____

<b>Leadership in Training Program (LIT) for 6<sup>th</sup> - 8<sup>th</sup> Graders:</b>	Session II <b>Only</b> (July 14-25) _____			
LIT Program (9:00am - 3:00pm)	\$175/session			Cost: \$ _____
TOTAL LIT (7:30am - 5:00pm)	\$215/session			Cost: \$ _____

<b>Adventure Program for 6<sup>th</sup> - 8<sup>th</sup> Graders:</b>	Session I: _____	Session III: _____	7th Week Special _____	
Adventure Program (9:00am - 3:00pm)	\$175/session		7th Week Special: \$88	Cost: \$ _____
TOTAL Adventure Program (7:30am - 5:00pm)	\$215/session		7th Week Special: \$108	Cost: \$ _____

<b>Jr. Leader Program for 9<sup>th</sup> Graders:</b>	Session I: _____	Session II: _____	Session III: _____	7th Week Special _____	
Jr. Leader Program (9:00am - 3:00pm)	\$ 90/session			7th Week Special: \$45	Cost: \$ _____
TOTAL Jr. Leader Program (7:30am - 5:00pm)	\$110/session			7th Week Special: \$55	Cost: \$ _____

<b>Bus Transportation for ALL 9am - 3pm Programs</b>	From Marilla _____	From Wales _____	Cost: <b>FREE</b>
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Checks Made Out To: *Tri-Town Recreation*      *\*\*Unless We Contact You - Your Child will be Registered where Requested\*\**      **Total Amount Enclosed: \$ \_\_\_\_\_**

## ALL INFORMATION MUST BE COMPLETED BEFORE REGISTRATION CAN BE ACCEPTED

**Youth Information:**  
Describe your child's health \_\_\_\_\_ Describe your child's limitations or special needs \_\_\_\_\_  
Describe any past health problems \_\_\_\_\_  
Is your child allergic to: Any foods \_\_\_\_\_ Drugs \_\_\_\_\_ Plants \_\_\_\_\_ Insects \_\_\_\_\_ Not Allergic \_\_\_\_\_  
If allergic to something, be specific: \_\_\_\_\_  
Is your child presently taking any medications? \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
State any special concerns the staff needs to be aware of: \_\_\_\_\_

**Other Youth Activities:** Will your child be attending any other activities during camp hours? If yes, include the following information:  
Activity \_\_\_\_\_ Day (s) \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_  
Activity \_\_\_\_\_ Day (s) \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

**Youth Immunization Records:** Dates are **REQUIRED** by the NYS Department of Health. *Can't be registered without dates.*  
Diphtheria \_\_\_\_\_ Haemophilus Influenza type b (Hib) \_\_\_\_\_ Poliomyelitis \_\_\_\_\_ Tetanus \_\_\_\_\_  
Hepatitis b \_\_\_\_\_ Measles, Mumps, Rubella (MMR) \_\_\_\_\_ Varicella (chicken pox) \_\_\_\_\_

**Doctor Information:**  
Physician to be called in an emergency. Name \_\_\_\_\_ Phone \_\_\_\_\_

**Parent or Guardian Information:**  
Parent/Guardian Name \_\_\_\_\_ Day/Work Phone \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Day/Work Phone \_\_\_\_\_

**If the above persons are not available in an emergency, call:**  
Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

All of the above information is correct. I give my child permission to participate in all activities at the Iroquois Schools, Marilla Community Center, local parks and field trip sites except for \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**RETURN BY REGISTRATION DEADLINE TO:** Tri-Town Recreation • c/o Elma Town Hall • 1600 Bowen Road • Elma, NY 14059  
**Starting June 30, 2008**, in-person registrations take place at the Iroquois High School during program hours.  
Enter building by the tennis courts. No walk-in registration taken for current session. (See Reverse Side)

<b>REGISTRATION DEADLINES:</b> Register by Wed., June 25 <sup>th</sup> for Session I Register by Wed., July 9 <sup>th</sup> for Session II Register by Wed., July 23 <sup>rd</sup> for Session III Register by Wed., Aug. 6 <sup>th</sup> for the 7 <sup>th</sup> Week Special <i>**Call 652-3260 to see if space is still available after deadline.</i>
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