

Town of Austerlitz Recreation Program Application

July 5 – August 12, 2022

9am – 3pm

**** Application Form Due by June 24, 2022 ****

Program Description

The Town of Austerlitz Recreation Program provides campers with a safe and fun environment while providing enrichment programs and activities to increase their athletic, team building skills and creative abilities.

Throughout our 6-week program, campers participate in varied activities which include Games and Sports, Arts and Crafts and Swimming and Waterfront.

Campers begin the day at the Austerlitz Town Park which boasts a baseball diamond, tennis and basketball courts, playground and large multi-use pavilion. Campers are then bussed to Fox Hill Campground where they participate in waterfront activities supervised by their counselors, on-staff progressive swim instructor and a certified lifeguard.

To secure your child's place in the program, fill out the form below and deliver the form to the Austerlitz Town Hall in Spencertown, NY.

We look forward to reconnecting with friends and meeting our new campers!

Age Requirements: Kindergarten age up to and including 14 years

Fees:

Resident: \$100 (one child) \$175 (family)

Non-Resident: \$300 (per child)

Campers Name: _____ **D.O.B.** _____ **Age** _____ **Sex** M F

Street: _____

City: _____ **State** _____ **Zip** _____ **Resident:** Yes No

Phone: _____ **Email:** _____

Mother's Name: _____ **Mother's Cell:** _____

Father's Name: _____ **Father's Cell:** _____

Emergency Contact: _____ **Emergency Contact Phone:** _____

***** Full Vaccination Record Required with Application**

Permission for release of child to Authorized Pick-Up: Please list anyone who is allowed to pick-up your child other than parents. Your child will only be released to an authorized pick-up with proper ID.

Authorized #1: _____ **Authorized #2:** _____

Authorized #3: _____ **Authorized #4:** _____

Print Name: _____ **Signature:** _____

Relationship to Camper: _____ **Date:** _____

Camp Director Contact: Debbie Oleynek: 518-331-3159 email: debbieoleynek@gmail.com

For Office Use Only:

Fees Paid \$ _____ **Date:** _____ **Check No.** _____ **Cash** _____

Received By: _____