



TOWN OF CARMEL RECREATION & PARKS DEPARTMENT
SYCAMORE PARK, 790 LONG POND ROAD
MAHOPAC, NEW YORK 10541

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Sycamore Summer Camp Registration Information

- **2024 Registration Start Date & Time**
 - Registration will begin on Tuesday, March 26th at noon.

- **Registration Time Stamp**
 - Your registration begins when you start filling out your child's registration form.
 - CommunityPass will “hold” your child’s spot while you are filling out the registration form. Please **DO NOT** rush this form thinking you are going to lose your spot if you don’t fill it out quickly.
 - After you finish filling out your child's registration form you will be prompted to pay for your child's camp spot.
 - Your child is **ENROLLED** in camp **ONLY** if you pay for their spot.
 - If you get to the end of the form and it says you are on the waitlist, you will be added to this list and contacted if and when we can accept more campers.
 - If you start your registration and walk away from your computer or device, CommunityPass will “time-out” your registration form after 30 minutes of **INACTIVE** use. After that point, CommunityPass will make you start the registration process over again.
 - All registrations are timestamped.
 - Registration is on a first come first served basis.

- **Required Medical Documentation to be uploaded on the day of registration**
 - All parents are required to upload the child's current physical and immunization record onto Community Pass during registration
 - These documents must be saved as **ONE** document in a PDF or JPEG format and named by first initial and last name.
 - Example: J. Smith.pdf or J.Smith.jpeg.
 - We recommend **you contact your physician's office** as soon as possible to obtain these records and save them to your computer or phone for a fast and easy upload on registration day.
 - **These forms must be legible.** If we receive illegible forms, they will be rejected and you will have to resubmit them on your account. If we do not receive acceptable forms after you resubmit, you may be removed from the camp program.
 - You will **NOT** be able to move forward with registration until you upload the correct documentation.
 - We will **NOT** take any physicals or immunizations in person; **DO NOT** email or fax them to our office.
 - After you upload your child’s forms, you will be prompted to fill out the camp registration form and pay for your child’s space in our camp program.

- **No Immunizations**
 - Your child will still be able to attend camp, please make sure to upload their current physical and note NO IMMUNIZATIONS on the registration form.
- **Registration forms WILL NOT auto-populate with your information from last year.**
 - Returning camper's registration forms WILL NOT auto-populate information from last year.
 - All registrants will be required to fill out the registration in full.
 - Please make sure you enter the correct information for your child.
 - Please take your time on the registration form as we need to ensure we have all of the correct information for your child. Do NOT rush on this form.
- **Sample Registration Form:**
 - Continue to page 3 or click on the link below to view our Sample Registration Form:
https://images.capturepoint.com/CarmelTownof/assets/doc_mgr/15574426.pdf?ts=20240227061801
 - Look over this form to see what you will be asked on the day of registration. Make sure you have all of the proper information to ensure your child's form is filled out correctly.
- **Waitlist:**
 - We are anticipating that summer camp will fill up very quickly like it did last year. Once our program is full, all other registrants will be put on a waitlist.
 - **PLEASE NOTE** we **will not** be releasing anyone from this waitlist until it is confirmed that we have enough staff to take on additional campers. We have to follow specific staff-to-camper ratios that are set by New York State and the Putnam County Health Department.
 - We will contact you if your child has been released from the waitlist.
 - We are hiring responsible, mature, and enthusiastic counselors to join our staff, if you know of any candidates ages 15 and up, please send them this link to apply today and join our team!
 - Summer Employment Application:
https://www.ci.carmel.ny.us/sites/g/files/vyh1if10501/f/pages/summer_employment_applicationnina_website_-_fillable_form_rev_jan_2024.pdf
- **Questions? Contact us!**
 - Contact us before registration if you have questions about your CommunityPass account including your user name, and password, making sure all children are on your account, the proper birthdate for your child, the proper address to obtain the resident rate for camp, etc.

Sycamore Summer Camp - Sample Registration Form

Please fill out the following forms for each participant. When finished hit continue.

Required fields are in red.

JOHN DOE

Grade entering in Fall of 2024:

- K
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

Questions in RED are required. If it does not apply to your child please select NO or type NA in the field.

Name of school currently attending:

Returning Camper or New Camper:

- Returning Camper
- New Camper

T-Shirt Size:

- Youth Small
- Youth Medium
- Youth Large
- Adult Small
- Adult Medium
- Adult Large
- Adult XL

FRIEND REQUESTS: Maximum of two friend requests; requests are NOT guaranteed. Camper Groups will be released the week before camp.:

Your child will be assigned a pick-up number at the start of camp. We will email you with your child's pick-up number the week before camp starts. Please make sure to share this number with family and friends who will be transporting your child to and from camp. Whoever will be picking up your child must know this number as they will be asked by your child's counselor to state the number at pickup. We will not release your child with anyone who does not know the child's pick-up number.

PICK UP FROM CAMP: Camper has permission to go home with the following people:

Will your child be picked up by taxi or other form of transportation?

- Yes
- No

If YES, name of company; If NO please write NA:

Through the summer, we will be utilizing our Instagram (@camp.sycamore), Facebook (@CarmelRecreation), and website to provide updates as well as show off the activities we have planned. Some of these activities may include visits from the Fire Department, the Police Department, camp-wide competitions, and more. We would like to post pictures and videos throughout the day of our campers.

I give the Town of Carmel permission to post my child's photo on their website, social media pages, and brochure for promotional material.

- Yes
- No

EMERGENCY CONTACTS (OTHER THAN MOTHER, FATHER, OR LEGAL GUARDIAN):

IN CASE OF AN EMERGENCY AND WE ARE UNABLE TO CONTACT THE PARENT/GUARDIAN, PLEASE DESIGNATE TWO FAMILY FRIENDS, RELATIVES, OR NEIGHBORS WHO CAN BE REACHED TO ACT ON BEHALF OF THE CAMPER DURING CAMP HOURS.

Emergency Contact #1 Name: (OTHER THAN MOTHER, FATHER OR LEGAL GUARDIAN)

Relationship to Camper:

Emergency Contact #1 Phone Number:

Emergency Contact #2 Name: (OTHER THAN MOTHER, FATHER OR LEGAL GUARDIAN)

Relationship to Camper:

Emergency Contact #2 Phone Number:

MEDICAL INFORMATION:

Physician's Name:

Physician's Telephone Number:

Dentist's Name:

Dentist's Telephone Number:

Medical Insurance (Carrier Name):

Policy Number:

MEDICAL HISTORY:

MUST FILL IN EVERY SECTION, PLEASE MAKE SURE TO BE SPECIFIC WITH ALLERGIES AND CONDITIONS.

IF THESE QUESTIONS DO NOT APPLY TO YOUR CHILD PLEASE SELECT NO OR WRITE NA IN THE FIELD.

Does your child have any allergies?

- Yes
- No

If you selected yes, what is your child allergic to? If you selected no, please write NA in the field.

| _____

Does your child have any allergies which require an Epi-Pen?

- Yes
- No

If you answered YES to the above question what is your child allergic to that requires an Epi-Pen?

- Food
- Medication
- Insect Bites
- Other
- If Selected NO click [HERE](#)- No Allergies that require a Epi-Pen

Please explain what your child is allergic to that requires an Epi-Pen?

Make sure to be as specific as possible.

If you selected no, please write NA in the field.

| _____

Does your child have Asthma?

- Yes
- No

If so, is an inhaler required during camp?

- Yes
- No

Conditions/ Limitations/ Restrictions: (medical, physical, emotional, behavioral, dietary, etc.)

- Yes
- No

If yes, please explain the Conditions/ Limitations/ Restrictions fullt. If No, please write NA.

[Empty text box]

MEDICATION:

IF MEDICATION IS REQUIRED DURING CAMP, ALL MEDICATION AND THE MEDICATION PACKET MUST BE TURNED IN TO THE RECREATION OFFICE BEFORE 6/27/2024. THE CAMPER WILL NOT BE ABLE TO START CAMP UNTIL WE HAVE THE MEDICATION ON SITE WITH THE APPROVED MEDICATION PACKET.

Does camper take any medication on a regular basis?

- Yes
- No

Is medication required during camp hours? This includes Epi-Pen, Inhaler, etc.

- Yes
- No

What is your child allergic to that requires medication during camp hours?

[Empty text box]

ATTENTION: IF YOU ANSWERED YES TO ANY OF THE QUESTIONS IN THE MEDICAL HISTORY OR MEDICATION SECTION, YOU MUST HAVE YOUR PHYSICIAN FILL OUT THE MEDICATION PACKET AND RETURN IT TO THE OFFICE AT SYCAMORE PARK WITH THE CHILD'S MEDICATION BEFORE THURSDAY, JUNE 27TH AT 4 PM. THE CHILD WILL NOT BE ABLE TO START CAMP ON THE FIRST DAY IF WE DO NOT HAVE THE MEDICATION AND THE PROPER PAPERWORK INCLUDING A SIGN-OFF FROM THE PHYSICIAN OR PARENT STATING THAT THE CHILD CAN SELF-ADMINISTER THEIR MEDICATION BY THURSDAY 6/27

NOTE: ANY CHANGES TO MEDICATION DURING THE SIX-WEEK PROGRAM MUST BE NOTED ON AN UPDATE TO HEALTH FORM, AVAILABLE IN THE OFFICE.

NO IMMUNIZATIONS: IF THIS DOES NOT APPLY TO YOUR CHILD PLEASE SELECT NO OR WRITE NA IN SECTION

NO IMMUNIZATIONS: Please be advised that my child has not been immunized due to:

[Empty text box]

If you answered yes to the above question about NO IMMUNIZATIONS, I understand that in the event of a communicable disease outbreak, I understand my child will be excluded from the camp if not fully immunized.

- Yes
- No

IF YOUR CHILD HAS DIABETES: PLEASE FILL OUT A DIABETES MEDICAL MANAGEMENT PLAN (DMMP) - THIS FORM IS AVAILABLE ON THE COMMUNITYPASS HOMEPAGE UNDER NEWS & ANNOUNCEMENTS, IN THE RECREATION OFFICE OR ON OUR WEBSITE WWW.CARMELNY.ORE/RECREATION UNDER REGISTRATION FORMS AND APPLICATIONS.

My child has my permission to carry and use topical sunscreen products approved by the Federal Food and Drug Administration (FDA) for over-the-counter use for the purpose of avoiding overexposure to the sun and NOT for medical treatment of an injury or illness.

- Yes
- No

I HERBY CERTIFY THAT ALL OF THE ABOVE INFORMATION IS CORRECT AND MY CHILD'S PHYSICAL AND IMMUNIZATION DATES ARE ACCURATE BASED ON THE FORMS PROVIDED BY THEIR PHYSICIAN.

I understand and agree with the above statements:

- Yes

EMERGENCY AUTHORIZATION:

In the event that I cannot be reached and an emergency occurs, I hereby give consent and permission for my child to receive emergency treatment (Electronic Signature):

I THE PARENT/LEGAL GUARDIAN OF THE ABOVE NAMED CHILD GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN THE SUMMER CAMP PROGRAM AT SYCAMORE PARK, INCLUDING SWIMMING, AND THE TRIPS MARKED ABOVE WHICH MAY INCLUDE WATER ACTIVITIES. I HEREBY, FOR MYSELF, MY CHILDREN, MY HEIRS, EXECUTORS AND ADMINISTRATORS, WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES AGAINST THE TOWN OF CARMEL, EMPLOYEES, VOLUNTEERS, AND REPRESENTATIVES, FOR ANY AND ALL INJURIES SUFFERED BY ME OR MY CHILDREN AT ANY ACTIVITY SPONSORED BY THESE GROUPS. I UNDERSTAND ALL PERSONS PARTICIPATE IN TOWN PROGRAMS AT THEIR OWN RISK. BY SIGNING THIS , I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ON THIS APPLICATION IS CORRECT.

I understand and agree with the above statement (electronic signature):
