

# 7th & 8th Grade Camp as of September 2026

**On a First Come First Serve Basis- Limited Enrollment.**  
**ONLINE REGISTRATION AVAILABLE FOR SUMMER CAMP!**  
**GO TO [WWW.TOWNOFCORTLANDTNY.GOV/RECONLINE](http://WWW.TOWNOFCORTLANDTNY.GOV/RECONLINE)**

RPG (Registered Parent/ Guardian) Name \_\_\_\_\_ RPG D.O.B. \_\_\_\_\_

Home Address \_\_\_\_\_ PO Box \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Work Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Last Name of Camper \_\_\_\_\_ First \_\_\_\_\_

Childs D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ Sex M OR F (Circle One) Grade in Fall '26 \_\_\_\_\_

Parent/ Guardian 1 Name \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Parent/ Guardian 2 Name \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Mailing Address if Different from Above \_\_\_\_\_

Emergency Name (*other than Parent*) \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to the Child \_\_\_\_\_

REGISTERED AND PAID IN FULL <b>BEFORE</b> FRIDAY, 6/12 Session I \$500.00 Session II \$500.00 Session III \$500.00 All Three Sessions \$1,385.00	REGISTERED AND PAID IN FULL <b>AFTER</b> FRIDAY, 6/12 Session I \$525.00 Session II \$525.00 Session III \$525.00 All Three Sessions \$1,460.00
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MAKE CHECKS PAYABLE TO: TOWN OF CORTLANDT  
 DEPT. OF RECREATION & CONSERVATION  
 1 Heady Street, Cortlandt Manor, NY 10567-1254

*\*ALL NEW RATES FOR CAMP 2026\*ALL SESSIONS MUST BE PAID IN FULL*

<b>Please check the boxes next to the camp session (s) that you would like your child to attend.</b>				
100-1U	Session I	June 29- July 10		\$
100-2U	Session II	July 13- July 24		\$
100-3U	Session III	July 27- August 7		\$
<b>ALL 3 SESSIONS</b>	<b>Session I, II, &amp; III</b>	<b>June 29- August 7</b>		\$
<b>TOTAL</b>				\$

# 7th & 8th Grade Camp as of September 2026

YOU MUST ENTER THE IMMUNIZATION DATES BELOW (MONTH, DAY, & YEAR) AS WELL AS SUBMIT DOCUMENTED PROOF OF IMMUNIZATIONS FROM A PHYSICIAN TO [TOCREC@TOWNOFCORTLANDTNY.GOV](mailto:TOCREC@TOWNOFCORTLANDTNY.GOV). PLEASE NOTE THAT THE COVID-19 VACCINE IS NOT REQUIRED.

Diphtheria/ Pertusus/ Toxoid (DPT) (5 doses)	1.	2.	3.	4.	5.
Oral Polio Vaccine (OPV) (4 doses)	1.	2.	3.	4.	
Measles/ Mumps/ Rubella (MMR) (2 doses)	1.	2.			
Hepatitis B (Hep B) (3 doses)	1.	2.	3.		
Haemophilus influenza Type B (Hib) (4 doses)	1.	2.	3.	4.	
Varicella (Chicken Pox) (2 doses)	1.	2.	Check here if the child had disease: _____		
COVID-19 (1 to 3 doses)	1.	2.	3.		

Doctors Name \_\_\_\_\_ Phone # \_\_\_\_\_

Allergies, medical problems, medications, special diet information, restriction on activity, etc.: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Hospitalization Insurance Company \_\_\_\_\_ ID # \_\_\_\_\_

**CAMP RELEASE:** I give permission, in case of injury, to take my child to a hospital for treatment, to include evaluation of injuries, x-rays and needed care. My signature below ALSO GIVES PERMISSION for my child to participate in all camp activities and to attend all off-site trips (any trip outside of campgrounds) which includes but are not limited to the CHARLES J. COOK POOL, AND ACTIVITIES, NATURE CENTERS, BOWLING ALLEYS AND MOVIE THEATERS. I understand that my child will accompany the Town of Cortlandt Department of Recreation & Conservation and its camp staff on all of these trips. In addition, I give my child permission to carry and apply sunscreen and carry and apply bug spray.

**INJURY RELEASE:** I agree, or agree on behalf of my minor child, to assume: (i) all risk of personal injury or loss; (ii) bodily injury; and (iii) damage to, loss of, or destruction of any personal property resulting from or arising out of participation in the designated activity. I also release, waive, indemnify, hold harmless, and discharge the Town of Cortlandt from all claims, damages, and injuries arising out of my or my minor child's activities, including my or my minor child's use of equipment and facilities provided by the Town of Cortlandt.

**PHOTO RELEASE:** I grant permission to the Town of Cortlandt, on behalf of its agents or employees, to use photographs taken of me on the date and at the location listed below for use in town publications such as brochures and magazines, and to use the photographs on display boards, and to use such photographs in electronic versions of the same publications or on the Town of Cortlandt web site. I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from the related to the use of the photograph. I hereby agree to release, defend, and hold harmless the Town of Cortlandt and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any misuse, distortion, blurring, alterations, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution. **I Accept** \_\_\_\_\_

*By signing up for a program through Community Pass and the Town of Cortlandt Recreation Department, you will automatically be enrolled to receive future communications from the Town of Cortlandt. You may opt of these future communications by clicking unsubscribe.*

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

*The original Camp Application with Medical History/Immunization Records written ONTO the form and permission slip for Hospital care will be kept filed at the Town of Cortlandt Recreation Office during the camp season.*

**THE TOWN OF CORTLANDT DOES NOT PROVIDE ACCIDENT INSURANCE**

FOR OFFICE USE ONLY	
TR # _____	_____
CC # _____	_____
Deposited _____	Date _____