

Registration Form for Summer Rec 2026 in Village of Tivoli

Name: _____

Preferred Name/Nickname: _____

Grade: (fall 2025) _____ Age: _____

Date of Birth: _____

Session (Circle): August 3-7 August 10-14

Parent/Guardian: _____

Phone (Best to Reach): _____

Phone (Alternate): _____

Address: _____

Email: _____

Insurance Acknowledgement:

I acknowledge that my child will be participating in supervised physical activity where inherent risk is involved. I understand that Tivoli Rec Camp does not carry insurance for camp participants.

Signature: _____ Date: _____

Media Waiver Release:

I hereby grant permission to the Village of Tivoli to use photographs and other forms of media of my child/ren in any and all forms of publication for public view. I will make no claim against Tivoli for use of obtained media.

Signature: _____ Date: _____

Pick-up Release Information:

Individuals listed below are permitted to pick up my child from the program. *Photo ID is required.*

Name: _____

Relationship to Participant: _____

Best Phone # for Contact: _____

Name: _____

Relationship to Participant: _____

Best Phone # for Contact: _____

Program Fee Schedule		
Village Resident	1 st Child	Additional Children
Yes	\$40/week	\$30/each
No	\$70/week	\$60/each

Applications may be mailed with an enclosed check made payable to the "Village of Tivoli"

Mailing address: Village of Tivoli

Attn: Summer Rec Camp

P.O. Box 397

Tivoli New York 12583-0397

Applications may also be received in person at Village Hall. Cash or check is accepted.

Please bring applications to

Historic Watts dePeyster Hall located at

86 Broadway Tivoli NY 12583.

Call the Village Clerk at (845) 757-2021

Or email clerk@tivolinyny.org

Please attach Immunization records and a medical consent form to this form. This application is not complete without a record of immunization and medical consent form.

For Office Use Only:	
<input type="checkbox"/>	Registration Form
<input type="checkbox"/>	Medical Clearance and Immunizations
<input type="checkbox"/>	Meningococcal Vaccination (required for children grade 7 and up)
<input type="checkbox"/>	Program Fee
Date Received: _____	By: _____
Cash or Check	Check :# _____

Medical Form

Name of Insured: _____

Name of Physician: _____

Phone: _____

Health Insurance Provider: _____

Policy ID: _____ Group ID: _____

Phone: _____

Emergency Contact #1: _____

Relationship to Participant: _____

Best Phone # for Contact: _____

Emergency Contact #2: _____

Relationship to Participant: _____

Best Phone # for Contact: _____

Medical Information:

Allergies:	Food:	Yes	No
	Medicine:	Yes	No
	Plants:	Yes	No
	Insect Bites:	Yes	No

Please list specific allergies and instructions:

Medical Conditions:

Please list any known medical conditions such as asthma, convulsions, etc.:

Please list any reasons to restrict full participation in physical activities:

Medicines and Immunizations:

Is your child currently taking any medications that will limit full participation (e.g. sun exposure while on antibiotics)? Please list:

Does your child require any special equipment such as orthopedic or Handicap devices, Glasses or contacts, Dentures, Epi-pens, etc? Please list:

Any additional health concerns or instructions:

Please be aware that camp counselors cannot administer medications or sunscreen to campers.

In case of Emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission to the Recreation Program Director to secure proper treatment, including hospitalization, anesthesia, surgery or administration of medication for my child.

Signature: _____ Date: _____