

**KENMORE-TOWN OF TONAWANDA UFSD 2019 DAY CAMP**

@ Hoover Middle School (249 Thorncliff Road, Buffalo NY 14223)

8:00-4:00PM CAMP TIME - Extended pickup is available upon request

**swim, tennis, and golf lessons, soccer, theater, crafts, rocketry, team-building, Fantasy Island, & more!**

**Payment & Registration Options and Camp Details:**

1. Register online at <http://ktufsd.revtrak.net/rw-summer-day-camps/>
  - a. Full registration amount will be paid upon time of registration on online system.
  - b. Health/immunizations form must be submitted via mail/fax/email prior to start of camp.
2. Mail registration form and check made payable to **Ken-Ton Schools** to 1500 Colvin Blvd. Buffalo, NY 14223
  - a. Payment, registration, and health form **MUST** be included with mailed registration.
  - b. If paying by check, option is available to send a \$50.00 non-refundable deposit per session, but all remaining balances must be received by 6/28/2019 or registration for child session(s) may be compromised.
3. Proof of immunizations/physicians form must be sent to [rcritelli@ktufsd.org](mailto:rcritelli@ktufsd.org) prior to start of camp.
4. Camp counselors are NYS certified teachers, ARC Lifeguard, CPR/AED, and First Aid certified.
5. For more information, contact Ralph Critelli at (716) 874-8402 ext. 355, (716) 861-0648 after 3:00pm
6. \$10.00 discount per each session beyond one. Maximum discount of \$30.00 per camper if registered for all sessions.
7. EMERGENCY CONTACT (other than parent/guardian): Name \_\_\_\_\_  
Relationship to Child \_\_\_\_\_ Phone Number \_\_\_\_\_
8. Relevant chronic or significant health concerns and/or prescription medications: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M or F

Full Address: \_\_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_

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

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

<p><b>SESSIONS (CHECK DESIRED SESSIONS):</b></p> <p><input type="checkbox"/> (1) JULY 1-12 (\$261 - No day camp 7/4/2019)</p> <p><input type="checkbox"/> (2) JULY 15-26 (\$290)</p> <p><input type="checkbox"/> (3) JULY 29-AUG. 9 (\$290)</p> <p><input type="checkbox"/> (4) AUG. 12- 23 (\$290)</p>	<p>\$50 deposit for <b>each</b> session is non-refundable and due at the time of reservation. All final payments must be paid by <b>6/28/2019</b>. Campers must be between 6-12 years old as of <b>7/1/2019</b>.</p>
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I hereby state that the above registered student does not have any ailments or physical conditions that could prevent him/her from participating in the KTUFSD Day Camp. I realize that there is a risk of injury inherent in physical education activities. I hereby agree to accept and assume all risks inherent and understand that the above mentioned child participates in Day Camp activities at his/her own risk, including field trips. I/we voluntarily assume full responsibility for any risk of loss, property damage or personal injury sustained in this Activity. I further agree to hold harmless and indemnify the Kenmore-Town of Tonawanda Union Free School District (the "District") from any and all claims, demands, actions and costs which might arise out of the participation in this Day Camp. In consideration for allowing the student to participate in the District's Day Camp, as indicated above, to the maximum extent permitted by law, I (the undersigned) hereby release the District, its Board of Education (in their official and individual capacities), employees and volunteers, from any and all liability, claims, costs, expenses, attorney fees, demands, actions and causes of action whatsoever arising out of or related to any loss, damage or injury (including death) that may be sustained while participating in such Activity or while in or on the premises of where the Activity is being conducted. I (the undersigned) further agree that the District shall not be liable to me for any damage, loss, or injury to the person or property, caused by or resulting from any cause whatsoever, including but not limited to, the negligence of the District, its agents and/or employees.

Parent/Guardian Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_