

2026 Town of Marion Summer Recreation Program

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REGISTRATION PACKET



To register for Summer Rec 2025 please complete all necessary forms and return by
April 30th 2026

Please use this checklist to help you complete your registration.

- Basic Information form**
- Emergency Contact information**
- Health form**
- Immunization records**
- Payment**
- Shirt size**
- Parental drop/off pick up consent form**

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July 6th- August 12th, 2026

We are excited to offer another year of rec for all kids age **5- 12 (or entering 6th grade 2025-26 school year) attending Marion Central School District and or Marion Residents.**

Camp is hosted at the Marion Town park daily from **8:30am-3:00pm** with included **FREE** field trips each week. Activities, Crafts, science and games will be offered daily. Along with field days, water days, tie dye, and more.

After registration, a detailed camp calendar with field trip dates info and weekly themes will be sent out to parents and guardians.

COST: \$450 6-WEEKS

\$75- per Week

Make checks payable to Town of Marion

Due by: April 30th 2026- ***NO LATE SUBMISSIONS***

This price includes the cost of field trips. A limited number of scholarships are available if your family cannot afford the cost. **Due to limited space, there will be no price difference for half day attendance and priority for half day attendance will be given to those attending Marion Summer School program.**

*Due to a limited number of attendees, registration is on a first come basis with full payment. **All forms, including parent consent pick-up, medical and shirt sizes are due April 30th 2026.**

All forms must be submitted, missing or incomplete forms will not be processed.

Please be sure to fill out ALL sections of this application (missing information will not be processed)

Mail to: Town of Marion
Attn: Summer Recreation
PO BOX 260
Marion, NY 14505

Email to:

Camper Information

T- Shirt Size Circle one

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Child's Name _____ Child Small
 Nickname _____ Grade (Entering Fall 26) _____ Child Medium
 Date of Birth _____ Age _____ Gender _____ Child Large
 Home Address _____ Adult Small
 City _____ State _____ Zip _____ Adult Medium
 Adult Large

Race (Choose One)

- | | |
|--------------------|-------------------------------------|
| White | Black or African American |
| Hispanic or Latino | American Indian or Alaskan Native |
| Asian | Native Hawaiian or Pacific Islander |

Primary Care Givers:

Parent/Guardian name _____
 Email Address _____
 Home Address _____ City _____ State _____ Zip _____
 Personal Phone _____ Work Phone _____

Parent/Guardian name _____
 Email Address _____
 Home Address _____ City _____ State _____ Zip _____
 Personal Phone _____ Work Phone _____
 Person or agency having legal custody _____ Child lives with _____

WEEKLY REGISTRATION CHECK EACH BOX YOUR CAMPER IS ATTENDING X

Price per week \$75. Price all 6 weeks \$450

WEEK 1 July 6-10	WEEK 2 July 13-17	WEEK 3 July 20- 24	WEEK 4 July 27- 31	WEEK 5 Aug 3- 7	WEEK 6 Aug 10- 12	<u>TOTAL</u>

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Authorized Pick-Ups:

The child will be released to the custodial parent or legal guardian and the persons listed below. The following persons will also be contacted and are authorized to remove the child from our care in the case of illness, accident or emergency, if for some reason the custodial parent or legal guardian cannot be reached.

- DO NOT put anyone on this form that cannot pick up your child. If both parents are listed, that indicates to us that either parent is authorized to pick up your child unless otherwise noted.
- All persons authorized to pick-up children should be prepared to show identification (photo i.d.) at the time of sign-out for the child to be released to them; and must be at least 18 years old

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Personal Phone _____ Work Phone _____

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Personal Phone _____ Work Phone _____

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Personal Phone _____ Work Phone _____

Parents Signature _____

Alternative Options for 5th and 6th graders

Some children (5th & 6th graders) are allowed to walk or ride their bikes to and from camp. If they choose to ride their bikes or walk, we must have permission from a parent for this to be permissible. Permission only has to be given once.

*All children riding a bike must have the proper safety equipment (helmets)

Parents Signature _____

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Health History

This form must be completed as mandated by the New York State Department of Health. All sections must be completed by the parent/guardian of the minor child attending. This will help our staff in assisting your child in the event of a medical emergency. **All sections must be completed along with a completed list of immunization records in order for your child to attend camp.**

Medical Information

Physician's name _____ Phone No. _____

Date of last physical exam _____

Please list any medications your child is currently taking and the dosage _____

Please submit a copy of your child's immunization records from your doctor or school. Please note any allergy or medical information we need to be aware of for your child.

EMERGENCY AUTHORIZATION: This health history is correct to the best of my knowledge. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, and treatment for my child, and in the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and order injection and/or anesthesia for my child as named above. This form may be photocopied for use at camp.

SIGNATURE of parent/guardian _____

DATE _____

**If for any religious reasons you cannot sign this authorization, a legal waiver must be signed

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OFFICE USE ONLY

- Registration form complete
 - Health History completed
 - Immunization record attached
 - Emergency authorization signed
 - Camp Shirt size completed
 - Full payment received
 - Partial payment received
 - Contact information provided
 - Drop off/pick up consent form completed
- Date completed _____
- Check check No. _____
 - Cash
 - Credit card
 - Credit authorization form completed

Credit Card Authorization Form

Name _____ Address (with zip
code) _____

- Master Card
- Visa
- Discovery
- Amex

Credit Card No. _____

Expiration date (MM/YY) _____ CVC (3-digit code) _____

AMOUNT TO BE CHARGED _____

I hereby authorize The Town of Marion to charge the above credit card with the amount charged as indicated above with a flat rate of \$1.75 processing fee for anything less than \$64.00 and a processing fee of 2.75% for more than \$64.00. A mailed receipt will be provided.

Signature of: _____ Date _____