REGISTRATION CHECKLIST

TEEN TREKS CAMP 2025



\Box Have a current account with the Parks & Recreation Department (and if registering online, know your username and password - you can call our office ahead of registration if you are unsure).
\square Payment in the form of a check made out to "Town of Lewisboro," cash, or credit card (note: there is a 3% fee on all credit & debit card transactions whether in person or online).
\square ALL forms filled out <u>entirely</u> (these forms are in ADDITION to your online registration):
\square Registration form
\square Bus permission slip (if utilizing our transportation system, which we highly encourage)
☐ Conduct Agreement (campers)
☐ Parent Agreement
☐ Sign Up for Your Camper's Remind Group! (Instructions below.)
☐ A copy of your camper's current immunizations (we need a copy each year, so even if you gave us one last year- please receive a new copy from your child's doctor).

Options for handing in forms/immunization records (deadline is Monday, March 3, 2025):

- Print, fill out, scan & email directly to Katie Coluccini: recreation2@lewisborony.gov
- Complete the fillable PDF, save & email directly to Katie Coluccini: recreation2@lewisborony.gov
- Drop off at the Parks & Recreation Office 99 Elmwood Road, South Salem, NY 10590
- Mail to our office (address above)
- For immunization records: scan & email, have your doctor's office fax it to (914)232-6165, or mail to/drop them off at our office.

If you have any questions, please reach out to Katie Coluccini at (914)232-6162 or recreation2@lewisborony.gov

2025 LEWISBORO TEEN TREKS CAMP REGISTRATION FORM

BUS # _____ (for office use only)

Please choose one:

Teen Treks 3 Day: **Teen Treks 5 Day:** ☐ Resident - \$1,900 ☐ Resident - \$2,400 ☐ School District/Non-Resident - \$2,200 ☐ School District/Non-Resident - \$2,700 _____ Sex: ____ D.O.B.: _____ Camper's Name: _____ Grade in Fall of 2025: \Box 7th \Box 8th \Box 9th \Box 10th School Area: \Box MP \Box IM \Box KES \Box Non-Resident Mailing Address: ______ City: _____ Zip: _____ Parent's Name: ______ Work: ______ Parent's Name: Cell: Work: Preferred Email Address for communications: Emergency Name (other than parent): ______ Cell: _____ If you are registering siblings in the <u>same</u> grade, would you like them to be placed together? \square Yes \square No Please list **ONE** friend request for your child: Doctor's Name: Phone: Insurance Company: ______ Policy #: ____ Is your child allergic to insect/bee bites/stings? \square Yes \square No \square Never stung/Unsure Food/drug allergies: _____ Is your child taking any prescribed medication? \Box Yes \Box No Medication: Will your child need to take this medication during the camp day? \Box Yes □ No Other allergies/special needs/information that can help to make your child's camp experience a positive one: By checking the boxes, I give permission for the following: ☐ My child may participate in all camp activities and attend off-site trips. ☐ My child may carry insect repellent, hand sanitizer, and/or a sunscreen that is FDA approved for over-the-counter use. ☐ The camp staff may assist my child, at their request, with the application of SPRAY sunscreen. ☐ My child's photo may be shared in weekly camp newsletters and Lewisboro Parks & Recreation social media sites MEDICAL RELEASE: I give my child listed above permission to take part in all camp activities and trips unless otherwise indicated. I also understand that the Town of Lewisboro does not maintain medical insurance for program participants. Persons participating do so at their own risk. If I cannot be reached in the event of an injury, I give my permission for my child to be taken to a hospital for treatment to include evaluation of the injury, x-ray, and needed care. Parent/Guardian Signature: _____ **Bus Transportation** (please check one): ☐ I do not need bus transportation ☐ Katonah Elementary School

☐ Meadow Pond Elementary School

☐ Vista Community House

☐ Oakridge Shopping Center

☐ Increase Miller Elementary School

☐ Lewisboro Elementary School

☐ Town Park

2025 TEEN TREKS CAMPER BUS PERMISSION SLIP

The Town will provide transportation to and from local bus stops to the camp's home base of John Jay High School. Below, please indicate if your child has permission to walk/bike home from their afternoon drop-off location.

BUS: (for office use only)		
My child's bus s	top: (check one)	
 □ Increase Miller Elementary School □ Lewisboro Elementary School □ Town Park □ Katonah Elementary School 	☐ Meadow Pond Elementary School☐ Vista Community House☐ Oakridge Shopping Center	
My child,		
•	guardian is not present. (If no guardian is present will be transported to Town Park.)	
\square can wait at their bus stop unsu	pervised or walk/bike ride home.	
arent Signature	Date	

LEWISBORO TEEN TREKS 2025 CONDUCT AGREEMENT

Teen Treks Camp is committed to the safety and security of all participants. It is our goal to create a fun and safe environment. In order to ensure that all Teen Trek campers have a common understanding of expectations and our policies, please review this agreement together with your camper. After reading, please sign and return it to the Lewisboro Parks & Recreation Department **no later than March 3, 2025**.

During the Teen Treks camp season ALL staff and campers will be responsible for maintaining a positive community where ALL members feel safe and comfortable.

ALL CAMPERS ARE EXPECTED TO:

Date

- 1. Stay with their group at all times unless otherwise directed by camp staff.
- 2. Respect ALL staff members, other campers, and patrons and employees of the sites we visit. Your directors, assistant directors, and counselors are your chaperones while you are away from home and their directions **must** be respectfully followed at all times.
- 3. Respect the personal property and opinions of others. Fighting, verbal abuse, and destruction of property will not be tolerated. Any damages will be the responsibility of the camper and their family.
- 4. Use appropriate language at all times with both campers, staff, and the patrons and employees of the sites we visit.
- 5. Take responsibility for their actions think first, consider the consequences, and make good choices.
- 6. Be responsible for all of their belongings while at John Jay High School, on the bus, and at the sites we visit.
- 7. Be aware of the schedule for the day, paying close attention to check-in times.
- 8. Wear and bring appropriate clothing for each trip (ie: camp t-shirt, bathing suit, towel, etc).
- 9. Alert camp staff of any information relating to the health, safety, and welfare of both yourself and fellow campers.
- 10. Not have **any** alcohol, drugs, or tobacco products or devices in their possession (ie: flasks, cigarettes, ecigarettes, vaporizers, juuls, etc.)

FAILURE TO ADHERE TO RULE #10 WILL RESULT IN IMMEDIATE DISMISSAL FROM THE PROGRAM WITHOUT A REFUND.

CONSEQUENCE POLICY:

1st Occurrence: Warning & Phone Call Home

2nd Occurrence: Camp Suspension (missed days will **not** be refunded) - No Overnight Trip

3rd Occurrence: Dismissal from camp (**no refund**)

'	of the Parks and Recreation Department of the Town of to suspend or dismiss the camper from camp after the first
* The Teen Treks Camp directors and assistant directors n, or is a witness of, any incident that occurs during the c	reserve the right to speak with any camper that is involved camp day. **
	he rules and expectations of the 2025 Lewisboro Teen Treks ny dismissal, there will be no refund. I agree to follow the
Camper Signature	Parent/Guardian Signature

Date

LEWISBORO TEEN TREKS 2025 PARENT AGREEMENT

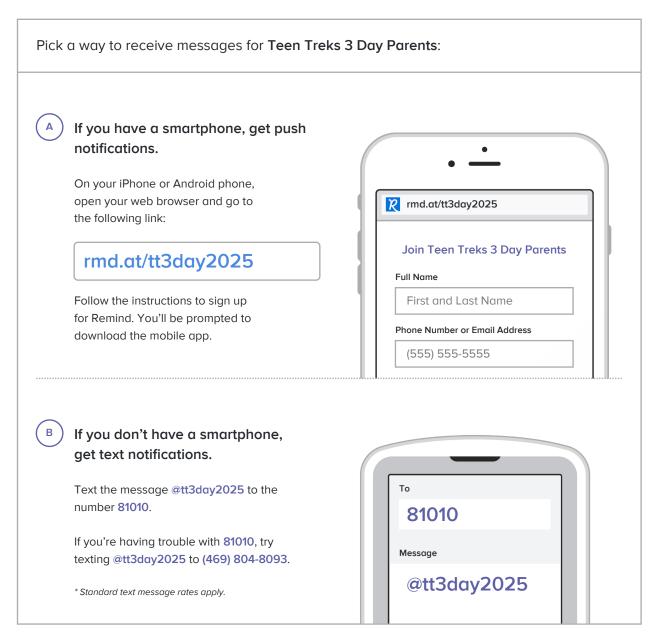
- I hereby pledge to provide positive support, care, and encouragement for my child(ren) participating in the Lewisboro Day Camp programs by following this Parent Agreement.
- I will support the day camp staff working with my child to help encourage a positive and enjoyable experience for all.
- I will communicate with the day camp staff, from counselors to the director, in a respectful manner.
- I will not use derogatory language on camp grounds, around campers, or while speaking with a day camp staff member.
- I will ask my child to treat other campers, day camp staff, and patrons/staff of field trips we take with respect regardless of race, gender, identity, or ability.
- I will go to the camp director directly with any issues that may arise with my camper. If
 I am not able to resolve the issue with the camp director, I will call the Recreation
 Office.
- I will work as a team with the day camp staff to address any issues that arise during the camp day. I will speak with my child at home about any incidents in which they may have been involved and reinforce the expectations of camp.

Parent/Guardian Printed Name	Camper's Name	
Parent/Guardian Signature	 Date	



Sign up for important updates from Katie Coluccini.

Get information for Teen Treks 3 Day Parents right on your phone—not on handouts.

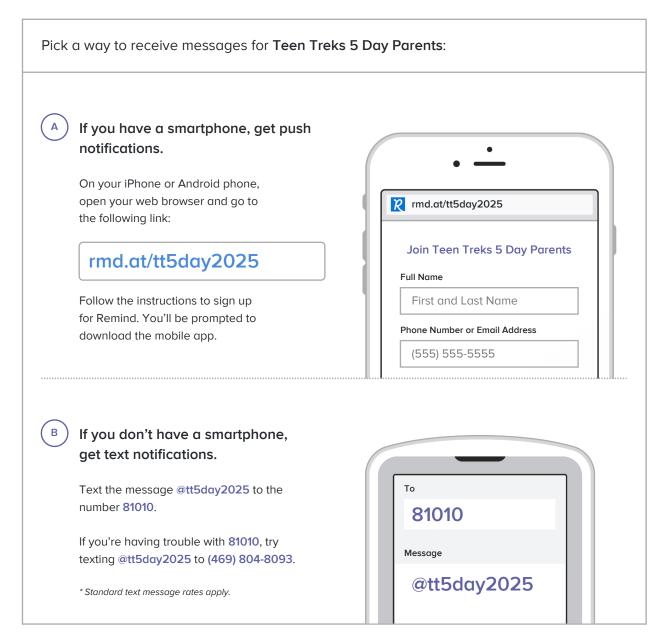


Don't have a mobile phone? Go to rmd.at/tt3day2025 on a desktop computer to sign up for email notifications.



Sign up for important updates from Katie Coluccini.

Get information for Teen Treks 5 Day Parents right on your phone—not on handouts.



Don't have a mobile phone? Go to rmd.at/tt5day2025 on a desktop computer to sign up for email notifications.