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## Adventure Camp 2021 Registration

Child's full name:	
Age:	Date of birth:
Address:	
Email:	Primary Phone:
<p>Abilities Adventure Camp 2021 is a summer program designed to give young campers, aged 2-5, fun-filled, memorable adventures. Each day children are encouraged to explore both indoor and outdoor activities. Our weekly themes focus on creativity, independence, and friendship while providing a multitude of hands-on opportunities. Abilities Adventures will tap into your child's natural curiosity about the world around them while cultivating a love of learning. Through hands-on activities, your child will be encouraged to wonder, create, and discover new and exciting topics. Each week your child will engage in a variety of enrichment activities including sensory play, arts and crafts, cooking, literacy, science exploration, dramatic play, water play, sprinklers, music and movement. All Adventures include weekly outdoor water play, an on-site appearance by a guest entertainer, and a special themed snack. Our indoor sensory gym and outdoor fenced playground will provide ample opportunities for gross motor play!</p>	
<p>Please check the boxes below with the corresponding weeks that your child will attend:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> <b>Week 1- July 6-9 "Seuss-tastical Stars and Stripes" Adventure!</b></li><li><input type="checkbox"/> <b>Week 2- July 12-16 "Mess Fest" Adventure!</b></li><li><input type="checkbox"/> <b>Week 3- July 19-23 "Under the Big Top" Adventure!</b></li><li><input type="checkbox"/> <b>Week 4- July 26-30 "Dig it Dino" Adventure!</b></li><li><input type="checkbox"/> <b>Week 5- August 3-7 "Splish, Splash, Water Bash" Adventure!</b></li><li><input type="checkbox"/> <b>Week 6- August 9-13 "High Peaks" Adventure!</b></li></ul>	
<p>To register, complete both sides of this registration form and return it to the office with a check payable to Abilities. Payment must be made in full at time of enrollment.</p>	

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Cost is \$165 per week. Camps are Monday-Friday 9am-12pm.

Snack and drink will be provided.

Please bring a backpack, complete change of clothes, water bottle, and sneakers. If your child is not potty trained, please provide diapers and wipes. All items must be labeled.

Primary Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Address: (If different from child) \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Address: (If different from child) \_\_\_\_\_

Does your child have any specific health issues/history/dietary requirements/allergies?

What else would you like to share with us about your child?

I give consent for my child to participate in all special activities and regular programming planned for the Abilities Adventure Camp, July 6-August 13, 2021 from 9:00 am to 12:00 pm. While every precaution will be taken to safeguard the children at camp, it is understood that I release Abilities, PLLC from all responsibility in case of accident while my child is participating on the camp program site.

I acknowledge that my child might be photographed while participating in camp activities and that these photos may be used by Abilities for the promotion and marketing of Abilities Adventure Camp. I understand that it is my responsibility to notify Abilities in writing if I do not wish to have my child photographed.

Parent Signature: \_\_\_\_\_

### **Week 1 : July 6-9 “Seuss-tastical Stars and Stripes” Adventure!**

Oh, The Places You’ll go with this Seuss-tastical week of thing one , thing two, and all things red, white and blue. Campers will enjoy our silly Seuss activities, making oobleck by the vat, painting and sprinklers....we can’t wait for that! From truffula trees and green eggs and ham to One fish, two fish, Red, White and Blue Fish....we’ll explore all that with the Cat in the Hat!

### **Week 2 : July 12-16 “Mess Fest” Adventure!**

Big mess means big fun as creativity comes alive! Get ready for bubbles, slime, water, paint and more as campers will participate in hands-on, messy fun! Let’s dig in the mud with creepy-crawly crafts like tree frogs and textured stick bugs, get wet with water fun, colorful with exploding art, gooey with homemade slime, and silly painting with feet! It will be the best mess fest ever!

### **Week 3: July 19-23 “Under the Big Top” Adventure!**

Come one, come all, Abilities is a great place to clown around! Explore the magical world of circus arts, tumbling, juggling, face painting and clowning under the big top. Don’t miss the popcorn, cotton candy, and snow cones, oh my! Water activities will cool children off after a day of clowning around!

### **Week 4: July 26-30 “Dig it Dino” Adventure!**

Get ready for a week of erupting volcanoes, digging and dinosaurs. Summer campers will get their green thumbs in the ground, go on a Dino sand dig, dissolve Dino egg fossils, and get the inside scoop on all sorts dino-tastic fun. Campers will make mud pies, paint with dirt and dig to the bottom of what lives in and grows in the dirt!

### **Week 5: August 2-6 “Splish, Splash, Water Bash” Adventure!**

Ahoy there mateys, get ready to sail the seas with a week of pirates, surf the waves of fun in the sun, and splish, splash and slide into this fanta “sea” themed water wonderland. Mermaids, fish, turtles, whales, sharks, and other magical creatures abound as we explore the wonders of the sea through crafts, songs, storytelling and games. Campers will make themed crafts and have a swashbuckling time as they visit with the many creatures that live in our oceans! Come out of your shell and join us for this extra splash-tastic week!

### **Week 6: August 9-13 “High Peaks” Adventure!**

Grab your canteen and binoculars as we close out adventure camp, ending summer on a high note! The High Peaks adventure will include a “tent camping excursion” with a bear hunt, “river rafting”, singing, stories, and smores around a “campfire”. Explore nature, forest animals, fishing and the night sky!





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## Please Introduce Us To Your Child

Date
Child's full name
Child is called by this name
Parent/Guardian #1 Name  Address  Phone #
Parent/Guardian #2 Name  Address  Phone #
Emergency Contact (other than parent/guardian) Name  Address  Phone #
Siblings (names & ages)
Who lives in the home with your child?
What language(s) does your child speak?

What is the primary language spoken in the home?
Is this your child's first child care/preschool experience?
If not, please tell us about previous childcare experiences
Does your child enjoy playing alone?  One on one?  In groups?
Favorite play activities/experiences?
What form of discipline is your child used to?
What has been effective to calm or comfort your child?
What fears does your child have?
What do you do to help your child with his/her fears?
Does your child have any special needs?
Do you have any concerns about your child's development (cognitive, social, emotional, physical)?
Please list any special dietary requirements your child has.
Does your child have any specific health issues/allergies/history?
What else would you like to share with us about your child?





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### Medical & First Aid

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Physician Information
Physician's Name: _____
Address: _____
Phone Number: _____
Date of Last Physical: _____
*Attach a copy of your child's current physical & immunization record
Dental Hygiene Information
Dentist's Name: _____
Address: _____
Phone Number: _____
Date of Most Recent Cleaning: _____

### Sunscreen/Insect Repellent Authorization

I authorize the center to apply sunscreen/insect repellent to my child.

YES \_\_\_\_\_ NO \_\_\_\_\_ Brand/Strength \_\_\_\_\_

If provided by the parent the sunscreen or insect repellent will be labeled with the child's name.



## Health History & Emergency Care Plan

1. List any special medical condition and/or allergies that your child may have.
2. Triggers that may cause problems
3. Signs or symptoms to watch for
4. Identify any Abilities staff to whom you've given specialized training/instructions to help treat symptoms
5. When to call parents regarding symptoms or failure to respond to treatment
6. When to consider that the condition requires emergency medical care or reassessment

Name of Authorized Persons to Take Child From Facility		
Name	Phone Number	Relationship to Child
1.		
2.		
3.		

I, \_\_\_\_\_, give permission to Abilities Center personnel to secure proper treatment for my child, \_\_\_\_\_, in the event of an emergency.

\_\_\_\_\_  
**Parent/Guardian Name**

\_\_\_\_\_  
**Parent/Guardian Signature**





## Acknowledgement of Risk and Waiver of Liability

This Acknowledgement of Risk and Waiver of Liability (the "Release") executed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, by (your name) \_\_\_\_\_, the parent or legal guardian of (name of your dependent / minor child) \_\_\_\_\_ ("Child"), in favor of Abilities, Occupational Therapy, Physical Therapy and Speech Language Pathology, PLLC and its successors, affiliates, directors, officers, employees and agents (collectively, "Abilities"). I freely and voluntarily execute this Release without duress under the following terms.

### As the parent or legal guardian of Child:

1. Waiver and Release. I release and forever discharge and hold harmless Abilities and its successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Child's participation in groups, classes and/or other activities ("Activities") with Abilities, whether at its facility at 10 Mountain Ledge Drive, Wilton, NY 12831 (the "Facility") or elsewhere when my child is under the supervision of Abilities. I understand and acknowledge that this Release discharges Abilities from any liability or claims that I, as the parent or legal guardian of Child, and/or Child, may have against Abilities with respect of bodily injury, personal injury, illness, death or property damage that may result from Child's participation in Activities with Abilities. It is also understood that Abilities does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury, illness, death or property damage related to Child's time with Abilities. I expressly waive, on behalf of myself and Child, any claim of any kind for compensation or liability against Abilities.

2. Medical Treatment. I hereby release and forever discharge Abilities from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during Child's participation in Activities with Abilities.

3. Assumption of Risk. I acknowledge that Child's time with Abilities may include activities that could be hazardous to them including, but not limited to, collisions with other children, slips, trips and falls. Bruises, contusions, strains, sprains, cuts and other injuries may result. **I expressly assume the risk of injury or harm in connection with Child's participation in activities with Abilities and release Abilities from all liability resulting from Child's time with Abilities.**

4. Other. I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of New York in the USA, and that this Release shall be governed by and interpreted in accordance with the laws of the State of New York. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

5. Venue/Jurisdiction. I agree that any action pertaining to this Release or the events/activities covered thereby shall only be brought in a court of competent jurisdiction in Saratoga County, New York. New York law shall apply, without regard to its conflicts of laws provisions.

### To express my understanding of this Release, I sign here.

Name of Dependent/Minor Child \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

Address of Parent/Guardian \_\_\_\_\_ Phone No. \_\_\_\_\_

