

2025 Town of Marion Summer Recreation Program

REGISTRATION PACKET



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

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**

2025 Town of Marion Summer Recreation Program

2025 Marion Summer Recreation

July 7th- August 15th, 2025

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 fieldtrips each week. Activities, Crafts, science and games will be offered daily. Along with field days, water days, tie dye, talent shows, walks to the library, more.

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

Price: \$300 for all 6-weeks

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.**

Registration packets are available at Town Hall, requested on our website, www.townofmarionny.com and printable from our Town of Marion Facebook page.

*Due to a limited number of attendees, registration is on a first come basis with full payment for the 6-week program. **All forms, including parent consent pick-up, medical and shirt sizes are due April 30th 2025.** 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: sjohnson@townofmarionny.com

COST: \$300 6-WEEKS

Make checks payable to Town of Marion

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Weeks attending check all that apply

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
July 7th - 11th	July 14th- 18th	July 21st- 25th	July 28th- August 1st	Aug 4th- 8th	Aug 11th - 15th

Due by: April 30th 2025- ***NO LATE SUBMISSIONS***

Full Name of Child _____ Nickname _____

Grade Entering Fall 2025 _____ D/O/B _____ Age _____

Gender _____

Name of Parent(s)/Guardian _____

Home Address _____

Work Name _____

Work Phone Number During Program Hours _____

Cell Phone _____ Email _____

Shirt Size: Circle one. Child Small Child Medium Child Large
 Adult small Adult Medium Adult Large Adult XL

Race (Choose One)

White

Hispanic or Latino

Asian

Black or African American

American Indian or Alaskan Native

Native Hawaiian or Pacific Islander

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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.**

Emergency Contact (who should we contact should you be unavailable)

Name _____

Relationship _____

Phone Number _____

Email _____

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.

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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

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 of/pick up consent form completed**

Date completed _____

- Check** check No. _____
- Cash**
- Credit card**
- Credit authorization form completed**

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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 _____

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Drop off/Pick up Consent Form

To ensure everyone's safety, there is a “drop off/pick up” policy. Please provide a list of approved people who will be responsible for picking up your child (up to 2). You may update this list at any time by emailing the director or simply providing a note the day of. We do ask that updates and daily changes be held to a minimum, to help the flow of the pick up line throughout the summer. All camp attendees K-4 must be signed in during drop off and picked up by an adult. All summer rec attendees **MUST** be picked up by an adult. Please return this form with your registration.

Child's name _____

I give the following permission to pick up my child or drop off the above child(ren) to and from Marion Summer Recreation Day Camp.

Name	Relationship	Phone No.
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1. _____
2. _____
3. _____

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 _____