

Town of Wappinger Recreation 2017 Summer Fishing Program Registration

Town of Wappinger Recreation 20 Middlebush Road Wappingers Falls, NY 12590 845-297-0720 Townofwappinger.us

Fishing is a lost art. Come learn what has made fishing a valuable pastime for hundreds of years. You will learn everything from baiting a hook to the more advanced mechanics of casting a line. You will also be advised on what type of pole to purchase, what bait to use when, and where to find the "big" one. Your registration fee earns you valuable instruction and a new fishing pole. You may of course, bring your own fishing gear if you have it. All fishermen must adhere to all New York State Rules, Regulations, Limits/Quotas, Season Lengths, and licensure when applicable. Be sure to dress for inclement weather as fish love the rain. Bring a drink, but beware: there are no bathroom facilities at Emmadine Pond. **Sessions limited to 9 children per session.**

Date:	July 10-14 or July 17-21 or Session July 24-28	
Time:	8:00-10:00 a.m.	
Location:	Emmadine Pond	
Attendees:	Town of Wappinger residents & non-residents ages 6-15	
Fee:	Resident - \$65.00/child	
	Non- Resident- \$80.00/child	1
Payment:	Cash, money order or check payable to "Town of Wappinger"	



Directions to Emmadine Pond:

Take Route 376 past the East Fishkill Recreation Center, the Town Hall, and Library to Probst Terrace South. Make the first left after The Church of the Resurrection. The pond is .8 miles from the intersection of Route 52.

What you will need to register:

- 1. One completed application for each child being registered.
- **2.** Proof of residency. Please bring a driver's license and a utility bill (electric, phone, cable, oil, sanitation) to validate residency.
- **3.** Proof of age. Please bring a copy of your child's birth certificate.
- **4.** Form of payment: cash, money order or check payable to "Town of Wappinger"

2017 Fishing Camp

Please read before filling out the Application-\$65.00/Child-resident, \$80.00/Child Non- Resident Select session(s) – check box ____

	D.O.B:						
	D.O.B:			Age:			
wn			State	Zip code			
G	Grade:						
Fa	Father's Name:						
P	Phone #:						
	Email:						
In the event of an emergency and neither parent can be reached please list 2 local emergency contacts:							
	Phone #:						
Relationship:							
Name: Phone #:							
	Phone:						
Medical Insurance and ID Number:							
Medical Information: Please check and list specifics.							
	Hypertension		Chronic Illness	;			
	Bleeding/Clotting		Drug Allergies				
	Food Allergies		Other				
Sports Programs Refund Policy							
14 one pr	days prior to the ogram start. Eac ys before progra	progr h refu m sta	am start. A 50 und would be rt), there will	0% refund subject			
	st spe	Grade: Father's Name: Phone #: Email: parent can be reache Phone Phone: St specifics. Hypertension Bleeding/Clotting Food Allergies grams Refund Polic year. With varying stars o 14 days prior to the he program start. Each ix days before programs	Grade: Father's Name: Phone #: Email: Phone #: Phone #: Phone #: Phone #: Phone: St specifics. Hypertension Bleeding/Clotting Food Allergies grams Refund Policy year. With varying start date o 14 days prior to the program start. Each refusix days before program start.	Grade: Father's Name: Phone #: Email: Phone #: Phone #: Phone #: Phone #: Phone #: Phone #: Phone: St specifics. Hypertension Bleeding/Clotting Food Allergies Other			

TOWN OF WAPPINGER CAMP REGISTRATION PARENT/GUARDIAN CONSENT FORM

certify that the above information is up to date and accurate. I will notify the camp director of any changes
with the above information. I hereby give my permission to allow my son/daughter:
to participate in and attend camp:
sponsored by the Town of Wappinger Recreation Department.
acknowledge the risk of illness and injury inherent in participating in any recreational activities, including, but not limited to, summer camp programs and related transportation activities. I hereby allow my child to participate in said program upon the express agreement and understanding that I, as parent and / or natural guardian of said child, hereby waive and release, for myself, and / or my heirs, executors and administrators, any claims for damages I may have against the Town of Wappinger, or the Town of Wappinger Recreation Department, its agents, employees or designees acting on behalf of the Town of Wappinger, for any and all njuries suffered by my child in the regular and ordinary course of my child's participation in such program.
understand that the Town of Wappinger does not provide accidental medical coverage insurance and I agree to provide my own medical insurance coverage or pay for such costs in the event of injury resulting from participation in such activities.
hereby give permission to the Town of Wappinger Recreation Department or its agents, employees, or duly designated agent(s) to administer emergency medical care to my child in my absence in the event of injury.
Child's Medical Information:
Parent/ Guardian name:
Parent/Guardian signature:Date:
Address:
Emergency Phone Number:
Circle appropriate response: [do] [do not] give my permission to allow any photographs taken of my child's participation in said program to be used in information al literature about the Town of Wappinger Recreation Department.
Parent/Guardian signature: Date: