



**Town of Newburgh Recreation Department**  
311 Route 32 Newburgh, NY 12550 (845)564-7815

Dear Parents,

Welcome to XLR8 and thank you for selecting the Town of Newburgh for your summer camp needs. We appreciate your trust in the Town of Newburgh Recreation Department to provide a safe and exciting recreational experience for your young adult.

XLR8 is an extension of Camp Chadwick for 15-year old’s that are interested in developing confidence, fostering an appreciation for the environment, instilling a spirit of adventure and facilitating positive group dynamics.

During this session, campers will have the opportunity to participate in fun-filled adventure trips and educational components that will provide them with CPR and First Aid certifications. They will also assist current Camp Chadwick counselors while observing their responsibilities and daily tasks.

We pride ourselves on offering a fun, quality and diverse summer camp experience. Our hope is that they will continue to create new friendships and will build memories while learning skills that will last a lifetime.

If you have any questions or concerns. Please do not hesitate to contact me in the office at 564-7815 or by email: [Jason-recreation@townofnewburgh.org](mailto:Jason-recreation@townofnewburgh.org).

Sincerely,

*Jason Szeli*

Jason Szeli

Assistant Recreation Director

**XLR8**

\*Calendar subject to change

<b>Monday 7/29</b>	<b>Tuesday 7/30</b>	<b>Wednesday 7/31</b>	<b>Thursday 8/1</b>	<b>Friday 8/2</b>
CPR Certification	First Aid Certification	<b><u>Mt. Creek</u></b> (Vernon, NJ) Departs: 9:00am Returns: 5:30pm	<b><u>Black Rock Forest</u></b> (Cornwall, NY) Departs: 9:30am Returns: 3:30pm	<b><u>Club Getaway</u></b> (Kent, CT) Departs: 8:30am Returns: 6:00pm



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Return to the Recreation Department by 5/9/24

**Camper Information Sheet 2024**

Date \_\_\_\_\_

Child Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Allergies \_\_\_\_\_

Daily Medications \_\_\_\_\_

Existing Medical Condition \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Home Number \_\_\_\_\_

Cell Number \_\_\_\_\_

Work Number \_\_\_\_\_

Other \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Home Number \_\_\_\_\_

Cell Number \_\_\_\_\_

Work Number \_\_\_\_\_

Other \_\_\_\_\_

**Other authorized emergency contact persons and/or permitted to pick up child**

1. Name \_\_\_\_\_

Cell Number \_\_\_\_\_

Address \_\_\_\_\_

Relationship to Child \_\_\_\_\_

2. Name \_\_\_\_\_

Cell Number \_\_\_\_\_

Address \_\_\_\_\_

Relationship to Child \_\_\_\_\_

• Comments/Information \_\_\_\_\_

• \_\_\_\_\_

During normal camp activities & occasionally during special events, pictures are taken either by local newspapers or by camp staff. I give permission for these pictures to be used by the Town of Newburgh and local newspapers. YES \_\_\_\_\_ NO \_\_\_\_\_

**All reasonable efforts will be made to contact you or your emergency contact. All information will be held in confidence and used only in an emergency. In the event of an injury to your child, you hereby grant permission to treat my child's injuries and/or grant permission for the Health Director or representative to approve ambulance or emergency room treatment. I will be notified of any injury and treatment.**

**Immunization Records** submitted on the Date of \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Camp Chadwick Health Director \_\_\_\_\_ Date \_\_\_\_\_



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## **Campers On-Site Medical Agreement**

By filling out this form, you are allowing the Camp Health Director to keep your child's medications in a secure location for the duration of the camp season. In addition, you are granting them the ability to assist with this medication as documented below or in any emergency situations that may arise.

Camper Name (print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Medication: \_\_\_\_\_ Amount Submitted: \_\_\_\_\_

Medical condition requiring medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Daily: \_\_\_\_\_ Weekly: \_\_\_\_\_

Time(s) of Day: \_\_\_\_\_ In emergency situations only \_\_\_\_\_

Medication needs to be refrigerated: Yes \_\_\_\_\_ No \_\_\_\_\_

Medication administration instruction:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ My child understands that they take medication, why they take it and how much they should take.

\_\_\_\_\_ My child understands that they take medication, however they are not completely sure why they take it or how much they should take

\_\_\_\_\_ I understand that the above instructions and criteria will be followed by the camp Health Director while assisting with medication administration.

Date: \_\_\_\_\_

Parent/ Legal Guardian Signature: \_\_\_\_\_

Camp Health Director Signature: \_\_\_\_\_



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## XLR8 2024 Permission Slip

Please initial and sign for your child to attend:

Return to the Recreation Department by 5/9/24

\_\_\_\_\_ Session 5: 7/31- Mountain Creek Waterpark – Vernon, N.J.  
**(Your child will go swimming)**

8/1- Black Rock – Cornwall, N.Y (Teen Camp Only)

8/2- Club Getaway- Kent, C.T. (Teen Camp Only)  
**(Your child will go swimming)**

Please sign and return:

My Child \_\_\_\_\_ has permission to attend all off-site trips and activities,  
including swimming as noted above.

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