

Town of Newburgh Recreation Department



XLR8 is an extension of Camp Chadwick for young adults 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.

Registration:

Residents: March 14th
Non-Residents: March 17th

Fees:

Residents: \$195.00
Non-Residents: \$235.00

Dates: 7/20 - 7/24

Time: 8:30am-4:00pm

Meet at the Rec Center

Age: 15 & those who have aged out of Teen Camp

Pre-register online at
townofnewburgh.recdesk.com





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 845-564-7815 or by email: Jason-recreation@townofnewburgh.org.

Sincerely,
Jason Szeli
 Jason Szeli
 Recreation Director

XLR8

*Calendar subject to change

Monday 7/20	Tuesday 7/21	Wednesday 7/22	Thursday 7/23	Friday 7/24
CPR Certification	First Aid Certification	<u>Lake Compounce</u> (Bristol, CT) Departs: 8:30am Returns: 7:00pm	<u>Club Getaway</u> (Kent, CT) Departs: 8:00am Returns: 6:00pm	<u>Black Rock Forest</u> (Cornwall, NY) Departs: 9:30am Returns: 3:30pm Chilly Willy’s Ice Cream Truck



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Return to the Recreation Department by 5/8/2026

XLR8 Camper Information Sheet 2026

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 2026 Permission Slip

Please initial and sign for your child to attend:

Return to the Recreation Department by 5/8/2026

_____ Session 5: 7/22- Lake Compounce Theme Park - Bristol, CT
(Your child will go swimming)
7/23- Club Getaway- Kent, C.T. (Teen Camp Only)
(Your child will go swimming)
7/24- 7/21- Black Rock – Cornwall, N.Y

Please sign and return:

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

Parent/Guardian Signature