



HUMMELSTOWN BOROUGH SUMMER RECREATION CAMP

2026 Summer Recreation Camp Registration Form

This exciting and fun filled program for **Borough** children grades who have completed K through 5 will begin on Monday June 22th at Schaffner Park and will end on Thursday July 23rd. Program hours are 9:00 a.m.-Noon. There is a charge of \$125.00 per child for the program. (Additional child per family is \$110.00) Checks should be made payable to “**Borough of Hummelstown**”. Planned activities include sports, cooperative games, outdoor adventures, arts/crafts, acts of kindness community projects just to name a few. Snacks and drinks will be available to your child daily free of charge. They will also be given a t-shirt to be worn on Field Trip days. Teisha Eismann (Mrs. T) along with her superb support staff will be supervising the program. A calendar of events will be distributed on the first day of the program.

Registration deadline is June 1st. If you wish to enroll your child in this program, please fill out the registration form below. In order to secure a spot for your child in the program it is recommended this form be handed in at the Borough Office, 261 Quarry Road Monday-Friday between 8:00-4:30 **as soon as possible** as spots fill up quickly. Please bring a completed Participant Waiver/Release form and Code of Conduct along with your child’s registration form, or they will not be able to participate in the special events and field trips. Call 717-566-2555 if you have any questions.

2026 SUMMER REC REGISTRATION FORM

Please complete a form for each child

Participants Name: _____
(Please Print)

T-Shirt Size (Circle): Youth: S – M - L Adult: S – M – L – XL

Office Use Only: Date Paid: _____ Amount Paid: _____
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PLEASE COMPLETE AND SIGN REVERSE SIDE

Participant Information

Child's Name: _____ Nickname: _____

Date of Birth: _____ Age (As of June 22th): _____ Grade Entering: _____

Parent/Guardian Names: _____

Address: _____ Email Address: _____

Phone: (C): _____ (H): _____ (W): _____

Emergency Contact: _____ Relationship: _____

Phone: (C): _____ (H): _____ (W): _____

Authorized Pick Up: (Must be 18+ have ID)

(Name)	(Relationship)	(Phone)

2026 Medical Information

Does your child have any injuries or conditions that presently exist that would limit them from camp activities? Yes No

If yes, describe _____

Has your child been diagnosed with any significant chronic illness (diabetes, asthma, heart, epilepsy, etc?) Yes No

If yes, describe _____

Allergies: Yes No

If yes, describe _____

Epi-Pen: Does your child require an epi pen to treat an allergy? Yes No

Asthma: Does your child use an inhaler for asthma? Yes No

Any other information you feel we should know to assist us in looking after your child (behavioral, communication etc.)?

Parent's Signature _____ Date: _____



HUMMELSTOWN BOROUGH SUMMER RECREATION PROGRAM

Borough of Hummelstown
261 Quarry Road
Hummelstown, PA 17056
717-566-2555

PARTICIPANT WAIVER/RELEASE

I certify and agree that as the parent or legal guardian of _____ I am fully aware
Child(ren)'s Name

that the Borough of Hummelstown provides the Summer Recreation Program and aspects associated with this program, including, but not limited to: instructors/counselors, equipment, food/drink and supervision.

I certify that:

1. My child(ren) is/are covered under a current, valid medial insurance policy.
2. Testify that my child(ren) is/are in sound health and both physically and mentally capable of participating in this program.
3. I will assume all risks and responsibilities of possible injury involved with participating in this program.
4. Agree to indemnify and hold harmless the Borough of Hummelstown and/or its employees, including volunteers, who act responsibly, from liability resulting from my child(ren) participating in this program.
5. Both my child(ren) and I understand that they are expected to behave in an appropriate, respectful manner at all times towards other children and counselors and that rules and directions must be followed in order to ensure the safety of all involved. Failure to do so may result in the expulsion of the child from the program. We have read the Camper Code of Conduct and understand what is expected and the possible consequences for misbehavior.

Parent/Guardian Signature _____ Date _____ Child(ren)'s Birth date _____

Medical Insurance Provider _____ Policy/Group Number _____

Primary Care Physician & Phone # _____ Dentist & Phone # _____

Does your child have any allergies or medical/emotional conditions that we need to be aware of? ___ Y ___ N
If yes, please describe in detail:

Did your child(ren) participate in the Summer Recreation program before? ___ Y ___ N



HUMMELSTOWN BOROUGH SUMMER RECREATION PROGRAM CODE OF CONDUCT

Camper and parent/guardian agreement and signatures on this form are required.

EXPECTATIONS

1. **Respect the rights and property of others.**
 - Keep your hands to yourself.
 - Use respectful, polite language.
 - Protect camp facilities and property.
 - Show respect for authority
2. **Be a safe camper.**
 - Wear sensible clothing for the camp environment.
 - For safety reasons sneakers, not open toed shoes are suggested.
 - Weapons of any kind cannot be brought to camp.
 - Eat only your own food and drink.
3. **Participate in all activities.**
 - Be on time and ready to participate.
 - If not feeling well, tell an adult.
 - Electronic devices should be left at home.

CONDUCT IMPROVEMENT STEPS

These are the steps that will be taken by staff as needed to promote and maintain good camper conduct.

- Step 1:** If inappropriate behavior occurs, discussion of the inappropriate behavior will take place with an adult staff member.
Step 2: If inappropriate behavior continues, adult staff member will make parents aware of the inappropriate behavior.
Step 3: If inappropriate behavior continues further, Camp Administrator will request parent to pick up camper to be taken home.

The Hummelstown Borough reserves the right to ensure the safety of the campers and staff and to discontinue camp attendance of individual campers if deemed necessary.

PICK UP POLICY

Parent/Guardian: For the safety of all campers, only you or a party authorized *in writing* by you will be allowed to pick up your child from camp. Please pick up campers promptly at 12:00 noon each day. In the event of a late pick-up, a \$5 fee will be charged for every 15 minutes beginning at 12:15 pm. Thank you for your consideration.

I, _____, camper, have read and understand the Code of Conduct as written above. I will abide by the expectations as listed.

Camper signature _____ Date _____

I, _____, above camper's parent/guardian, have read the Code of conduct and will support my child's efforts to abide by that Code. I understand the steps that will be taken if my child behaves inappropriately. I also agree to pay the late fee as listed if I am late to pick my child up.

Person(s) authorized for pick-up _____

Parent/Guardian signature _____ Date _____

PHOTO AUTHORIZATION

Photo Consent: I give permission for my child to be photographed during camp activities. I understand that any photographs taken may be used on the Hummelstown Borough website or in the newsletter.

Please choose - YES NO Parent/Guardian signature _____ Date _____



BOROUGH OF HUMMELSTOWN

Founded in 1762

Incorporated August 26, 1874

261 QUARRY ROAD
HUMMELSTOWN, PA 17036
www.hummelstown.net

PHONE: (717) 566-2555
FAX: (717) 566-3324

Dear Parents/Guardians,

Because we are concerned about the safety of your children, we require the parent/guardian of every child who walks from/to home to please fill out the form below, sign it, and return it on the first day of camp (June 22th).

This form allows your child(ren) to walk home without adult supervision.

I, _____ Give permission for my

Child _____ Age _____

Child _____ Age _____

Child _____ Age _____

to walk from/to home during camp. I understand that in granting that permission, Hummelstown Recreation staff may release my child from Shaffner Park at the dismissal of camp at 12:00 pm. Camper must sign themselves in/out each day and let staff know they arrived/are leaving. (Note field trip days in which pick up/drop off are at alternated locations (Hummelstown Pool July 1th/July 16th) Indian Echo Caverns June 25th-Campers MUST have reliable transportation those days for the safety of the campers).

July 23st We will be at Shaffner Park for end of camp celebration. Campers may walk to/from camp.

Parent/Guardian Name (PRINT): _____

Parent/Guardian Signature: _____ Date: _____

When walking home from camp please remind your child of the following safety guidelines:

- Come directly to camp / go directly home from camp.
- Walk home using sidewalk, crosswalks.
- Obey all traffic signals/stop signs.
- Check in with designated adult/guardian when you arrive to camp/home.

2026 Hummelstown Summer Recreation

FIELD TRIP FORM

Name of Camper _____

** PLEASE COMPLETE FORM FOR EACH CAMPER

Please initial the field trips your child has permission to attend and return this form as soon as possible. This is not a commitment; it is just permission that your child **may** attend. If you are paying for the trips in advance, please indicate that. **Payment can be a check written to *Borough of Hummelstown*.**

Field trip payments are non-refundable. We apologize for any inconvenience.

Parent Initials
for permission

Amount
paid

_____ N/A June 25th Indian Echo Caverns(drop off/pick up at Caverns)

_____ _____ July 2th Hummelstown Pool- **\$15** Nonmember/ **\$0** Member
(drop off/pick up at Pool)

Member? _____ Yes or _____ No

_____ N/A July 6nd Hummelstown Firehouse (walking trip)

_____ _____ July 9th Hummel Nature Trail drop off at trail/pick up at Schaffner Park

_____ N/A July 23th Cubby's Ice Cream -single cone included in registration fee
(walking trip)

_____ _____ July 16st Hummelstown Pool- **\$15** No member/ **\$0** Member
(drop off/pick up at Pool)

Member? _____ Yes or _____ No

Parent signature _____ Date _____

Borough Office: 261 Quarry Road, Hummelstown 17036, 717-566-2555