

BRANT SUMMER RECREATION PROGRAM 2025

DATES:

Monday, July 7, 2025 - Friday, Aug 15, 2025

9:00am - 3:00pm

REGISTRATION BEGINS MONDAY, JUNE 2, 2025

FEES:

NO BUS	RESIDENT	NON-RESIDENT
1 CHILD	\$115	\$260
2 CHILDREN	\$195	\$515
3 CHILDREN	\$260	\$665
4 or MORE CHILDREN	\$275	\$725

WITH BUS	RESIDENT	NON-RESIDENT
1 CHILD	\$175	\$335
2 CHILDREN	\$315	\$665
3 CHILDREN	\$440	\$890
4 or MORE CHILDREN	\$515	\$1,025

Registration forms available online at Brantny.com under Parks & Recreation Dept.

Please return completed registration forms and required fees to Brant Town Hall, Supervisor's DeCarlo's office:

Children must be 6 years of age or going into 1st Grade

Current child's immunization record must be turned in with registration, no exceptions

IN PERSON - Mon - Fri from 10am-4:00pm

EMAIL - sec.supervisor@brantny.com

MAIL - PO Box 254 Brant, NY 14027

Please call 549-0301 x3 with any questions

2025 BRANT SUMMER RECREATION APPLICATION

One completed form per Camper

OFFICE USE ONLY:

IMMUNIZATIONS _____

DISCIPLINE CONT _____

CAMPER INFO

CAMPER'S NAME _____

STREET ADDRESS _____

CITY, ZIP _____

DAYTIME PHONE # _____

AGE _____ D.O.B. _____ GRADE ENTERING IN FALL: _____

EMERGENCY CONTACT INFORMATION (REQUIRED)

Emergency Contact: _____ Cell/Home Ph # _____

2nd Emergency Contact: _____ Cell/Home Ph# _____

Family Doctor _____ Doctor Ph # _____

Insurance Co. & I.D. Number: _____

Hospital (In case of emergency) _____

Please list any allergies or medical/health conditions that your child has: _____

Add'l information about your child that may benefit the Recreation Staff: _____

I, _____ GIVE MY CHILD PERMISSION FOR:

_____ SUPERVISED WATER ACTIVITIES & SPORT ACTIVITIES

_____ ADMINISTRATION OF EMERGENCY FIRST AID (ALSO FILL OUT FORM BELOW)

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

I, _____, Parent/Guardian of _____

do hereby give my total consent for the Town of Brant Recreation Personnel to authorize medical care for my child. It is understood that the Recreation Staff will attempt to secure my consent prior to exercising this authority, as circumstances follow.

I do hold harmless and indemnify the Town of Brant, their employees and agents, for any damage or liability incurred for any event following application of emergency medical care.

Signature: _____ Date: _____

Relationship to Camper: _____

Email: _____

ALL CAMPERS MUST HAVE A COPY OF THEIR IMMUNIZATION RECORDS
TO PARTICIPATE IN THE TOWN OF BRANT RECREATION PROGRAM

2025 TOWN OF BRANT SUMMER RECREATION DISCIPLINE CONTRACT AND BUS FORM

Parents/Guardians,

Welcome to the 2025 summer season! To ensure that all children have an enjoyable experience while attending Brant Recreation, we have initiated a Discipline Contract that all parents are required to sign and return BEFORE Monday, July 7, 2025.

Thank you for your cooperation,
Rebecca Holmes and Savannah Clear
Recreation Directors

The following rules will be followed by all children and enforced by all Counselors during Brant Recreation:

1. There will be NO fighting, swearing, or disrespecting others
2. Children will stay with their Counselor in their assigned location throughout the day
3. While on the bus, the children will follow all bus rules
4. Stealing will not be tolerated
5. While in the pool area, all swimmers will follow the rules of the pool and locker room

Consequences:

1st Offense: A warning will be given to the individual and the parent/guardian will be notified by phone or writing.

2nd Offense: The individual will be suspended for 3 days from the Recreation Program

3rd Offense: The individual will be permanently suspended from the Recreation Program and the parent/guardian will NOT be refunded their money

I, _____ have read the above discipline plan and agree to all rules and consequences. I also agree to go over the importance of this plan with _____.

Signature of Parent/Guardian

Date

BUS INFORMATION

Name of child (children) riding bus: _____

Total Number of children at pickup location for this family: _____

The child named above will take the bus to recreation on the following days of the week: (Please circle all that apply)

Monday

Tuesday

Wednesday

Thursday

Friday

Pickup address: _____ Phone # _____

(For Campers North of Bennett Rd the Pre-Determined Pickup Location is Lake Shore High School)