

"Camp Dyman" Application Form

115-25 Metropolitan Ave Suite 4

Richmond Hill, NY 11418

TEL - (646)742-7399

E-mail - campdyman@gmail.com

Date ____/____/____

Camp Dyman Divisions:

Blue Dolphins - (4-6yrs old)

Gray Sharks - (7-9yrs old)

Silver Whales - (10-11yrs old)

Brown Tigers - (12-14yrs old)

Camper Information:

Child's Full Name	Gender	Date of Birth	Grade	Division	School	Comments
		/ /				
		/ /				
		/ /				

Address _____ City _____ State _____ Zip Code _____

Home Phone# _____ (Primary) _____ E-mail _____

Mother's Name _____ Cell Phone # _____ Work # _____

Father's Name _____ Cell Phone # _____ Work # _____

My Child(ren) Will Be Attending:

Full Season 1st Session 2nd Session Extra Week 1 Extra Week 2 Other Dates: _____
June 29- August 21 June 29- July 24 July 27- August 21 August 24-28 August 31-Sep 4

Transportation:	Pick-up location corner	Drop-off location corner	Do it yourself option
Street 1			Queens location: <input type="checkbox"/>
Street 2			Brooklyn location: <input type="checkbox"/>

Emergency Information:

- Does your child (ren) have any physical or emotional limitations that would prohibit him/her from participating in any camp activities or trips? If YES, please explain:

- Is your child (ren) currently taking any medication? If YES, please indicate the type of medication and how it is taken:

- Does your child (ren) have an IEP (Individualized Educational Plan)? Yes No

Emergency Contact:	Name:	Relationship:	Phone#1:	Phone #2:
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Payment options: Lump sum payment for the selected program made prior to the beginning of camp session.

Other payment options (Please call or email for additional information).

Please indicate which form of payment you will use for a deposit: Cash Check Zelle Credit Card (4% fee)

Agreement: Carefully read the following agreement and sign it at the bottom. No unsigned applications will be accepted. Registration deposit: \$250 must be paid at the time of reservation per camper. Deposit is refundable until May 31st, 2026. After May 31st, 2026 deposit is not-refundable.

- I understand that full payment of \$ _____ is required prior to the 1st day of camp program unless other payment option is chosen. Failure to pay in full by that date may result in the cancellation of your child (ren)'s enrollment in day camp with a loss of all fees paid up to date.
- I understand that there will be no refunds or reductions of fees for days missed due to illness, absence, vacations, or change in family circumstances during camp sessions.
- I understand that "Camp Dyman Director" reserves the right, after due notification to the parent, to expel any camper in the event he/she fails to comply with rules and regulations of the camp. Refunds, if any, will be at the sole discretion of the "Camp Dyman Director".
- I agree to allow my child (ren) to participate in all programs and trips which are part of the camp program. I further allow the use of any photographs of my child (ren) to be used in the future publicity materials.

Parent's/Guardian's Signature _____ Date ____/____/____