

TOWN OF MILTON
Summer Recreation Program
503 Geyser Road
Ballston Spa, NY 12020

Chaperone Information Form

If you are interested in being a chaperone for any of the field trips, this form needs
to be completed and returned, with a copy of your driver's license to the
Town Clerk's office before July 8, 2025 for processing.

Full Name of Chaperone: _____

Date of Birth _____ Social Security # _____

Address: _____

Driver's License # _____

Phone numbers: cell _____; home _____; work _____

Name of Child(ren) attending camp: _____

Relationship to child(ren): _____

Signing this form is acknowledgment of the Town of Milton running my information provided above through the New York State Division of Criminal Justice Services Sex Offenders Registry. This information provided will be used solely for the purpose of chaperoning the Town of Milton Summer Recreation field trips for 2025 Summer Camp.

Signature

Date

Check any/all trips committing to:

_____ Strike Zone Bowling (July 17)

_____ County Fair (July 24)

_____ Sky Zone (July 31)

_____ Fun Spot (August 5)

Please remember that you will be supervising campers. Please refrain from excess cell phone use.

If you have any medical conditions that would hinder your supervision of children, please think about the trips you are applying to attend.