

# Town of Northumberland Youth and Recreation Program 2018 Summer Registration

***(ALL pages must be complete before your child/children will be registered.)***

Received By: _____
Date: _____
Time: _____
Registration #: _____
First come, first serve.

You may scan and submit this packet to [summercamp12831@gmail.com](mailto:summercamp12831@gmail.com).

Camp will be held on Tuesdays and Thursdays from 10 a.m. to 3 p.m.,  
July 10<sup>th</sup> through August 16<sup>th</sup>.

<b>PART I – CAMPER INFORMATION</b>			
Child(ren)'s Name(s) _____ _____ _____	Address (list only once if the same for all children) _____ _____ _____	DOB (mm/dd/year) ____/____/____ ____/____/____ ____/____/____	Age ____ ____ ____
<b>PART II – PARENT/GUARDIAN CONTACT INFORMATION</b> <small><i>(note if number is a cell (c), home (h), or work (w) phone)</i></small>			
Parent/Guardian _____ _____	Primary Phone      c/h/w _____ _____	Secondary Phone      c/h/w _____ _____	Primary Email _____ _____
<b>PART III – EMERGENCY CONTACT INFORMATION</b> <small><i>(check the box to indicate primary contact number for each person listed)</i></small>			
Emergency Contact _____ _____	Cell Phone <input type="checkbox"/> _____ <input type="checkbox"/> _____	Home Phone <input type="checkbox"/> _____ <input type="checkbox"/> _____	Work Phone/Ext. <input type="checkbox"/> _____ <input type="checkbox"/> _____
<b>PART III – EXPECTED ATTENDANCE</b>			
Please check the days your child(ren) will attend.			
Week 1 – <input type="checkbox"/> July 10 <sup>th</sup> <input type="checkbox"/> July 12 <sup>th</sup>		Week 4 – <input type="checkbox"/> July 31 <sup>st</sup> <input type="checkbox"/> August 2 <sup>rd</sup>	
Week 2 – <input type="checkbox"/> July 17 <sup>th</sup> <input type="checkbox"/> July 19 <sup>th</sup>		Week 5 – <input type="checkbox"/> August 7 <sup>th</sup> <input type="checkbox"/> August 9 <sup>th</sup>	
Week 3 – <input type="checkbox"/> July 24 <sup>th</sup> <input type="checkbox"/> July 26 <sup>th</sup>		Week 6 – <input type="checkbox"/> August 14 <sup>th</sup> <input type="checkbox"/> August 16 <sup>th</sup>	
<input type="checkbox"/> All Weeks			
<b>PART IV – INFORMATION</b>			
<p>The Town of Northumberland Summer Program is offering a low cost 6 week, 2 days per week travel program for children ages 5-12. That is 12 total trips! The bus will leave from a “to be determined” location (subject to change with advanced notice) promptly at 10 a.m. and return around 2:30 p.m. on the dates listed above.</p> <p>This summer program is designed for children to have fun in a non-competitive learning environment. All programs are co-ed, and the trips will contain outdoor adventures and organized activities with qualified staff.</p> <p>While the program is generally free to all children who are residents of Northumberland, we will occasionally be asking a nominal field trip donation (\$2-10 per child) to cover 3-4 of our trips so that we may broaden our educational experiences. You will be notified of these fees in advance.</p> <p style="text-align: center;">**An afternoon snack will be provided daily.**</p>			

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**AUTHORIZATION FOR MEDICAL TREATMENT OF MINORS**

**PLEASE READ THE FOLLOWING CAREFULLY. BY SIGNING BELOW, YOU AGREE TO THE FOLLOWING WAIVER:**

I hereby grant permission for my child(ren) to participate in the Northumberland Summer Youth and Recreation Program and acknowledge all rules, regulations and directives of the program. I have received the parent handbook and will familiarize myself with the program guidelines. \_\_\_\_\_ *(please initial)*

I assume, for and on behalf of my child(ren), all risks and hazards incidental to such participation. I also recognize the difficulties and challenges involved in the outdoor sports programs and camps, and that my child is sufficiently, physically, and psychologically fit to participate and has not been advised otherwise by a physician. Although the Town of Northumberland endeavors to provide nut free programs, I understand that the Town cannot guarantee that the program premises in which it is held is totally free of exposure to nuts and nut-products.

I agree to indemnify and hold harmless the Town of Northumberland, its employees and personnel from any and all claims, causes of action, liability for injuries or damages which may arise as a result of participating in this summer recreation program and its trips and activities, including, but not limited to reasonable attorney’s fees and the costs and disbursements of any legal actions. I do hereby waive, relinquish, release, discharge, and hold harmless from any and all liability, for any physical or mental injury or aggravation of any pre-existing illness, handicap, death, loss of enjoyment, or any other harm or loss of nature which may be sustained by my child(ren) while participating in the Summer Recreation Program. The scope of this agreement extends to any actions taken by the Town of Northumberland Parks & Recreation Department, the Town of Northumberland, its employees, personnel, volunteers, and the instructor of any class or activity in responding to any emergency and/or medical situation or event. I further agree that they may act in an emergency as best fits the situation in the event either I or the emergency contact cannot be timely reached.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witness Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_ I give my child(ren) permission to ride his/her/their bike(s), walk or skate to the Town of Northumberland Summer Recreation Program.

\_\_\_\_\_ I give my child(ren) permission to ride his/her/their bike(s), walk or skate from the Town of Northumberland Summer Recreation Program.

**SPECIAL ACCOMODATIONS**

The Town of Northumberland Parks and Recreation Department supports the 1992 Americans with Disabilities Act. Please briefly describe any special accommodations your child may need to participate and someone will contact you.

**MEDICAL INFORMATION:** Please describe any allergies, medical problems, or other conditions, such as behavioral or anxiety disorders of which counselors should be made aware. Use a separate sheet if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL INFORMATION:** Please describe any personal situation that we need to be aware of, such as a restraining order, problems with other children, etc. Use a separate sheet if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Prescription and Non-Prescription Medication Authorization

## Release and Indemnification Agreement

I/We opt IN \_\_\_\_\_ (please initial)    I/We opt OUT \_\_\_\_\_ (please initial)

### PART I – Parent or Guardian to Complete and Sign (Please read information & procedures that follow.)

I hereby request camp personnel to administer medication as directed by this authorization. I agree to release, indemnify, and hold harmless the Town of Northumberland, its employees and personnel from lawsuits, claims, expenses, demands, or actions, etc. against them for helping my child use medication, provided summer program staff members comply with the physician, parent or guardian orders set forth in accordance with the provision of Parts II and III below. I have read the procedures outlined on the back of this form and assure responsibility as required.

My child has taken this medication before:    Yes    No   First dose was given - Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_   Time: \_\_\_\_ : \_\_\_\_ am/pm  
(If no, the first full dose must be given at home to ensure the child does not have a negative reaction.)

Child's name (Last, First, Middle) and DOB:

\_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
First Name                      Middle Name                      Last Name

No Northumberland Summer Youth and Recreation staff shall administer medication or treatment, unless the Program Director or his or her designee has personally reviewed all the required clearances.

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Parent or Guardian Signature                      Daytime Phone Number                      Date

### PART II – Parent or Guardian to Complete and Sign for over-the-counter medications for relief of symptoms for headache, muscle ache, orthodontic pain, or menstrual cramps, non-life threatening allergic reactions, and for antibiotics and antiviral medication. Physicians must complete and sign for all other medications.

The Northumberland Summer Youth and Recreation Program discourages the use of medication by children in the camp during the day. Any necessary medication that can be taken before or after the camp should be so prescribed. Injectable medications are not administered in the camp except in specific emergency situations. Camp staff will, when it is absolutely necessary, administer medication while participating in programs, camps, or field trips and situations according to the procedures outlined on the back of this form. Information should be written in lay language with no abbreviations.

Diagnosis:

Medications:

If medication is given on an as-needed basis, specify the symptoms or conditions when medication is to be taken and the time at which it may be given again.

Dosage to be administered at the camp (e.g. mg, ml, or cc)

Time(s) or interval between times to be given

Effective date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If the child is taking more than one medication, list sequence in which medications are to be taken.

Physician Name (Print or Type)

Physician Signature

Telephone or Fax Number

Date

\_\_\_\_\_ T/F

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent or Guardian Name (Print or Type)

Parent or Guardian Signature

Telephone Number

Date

– not required if physician signs

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

### PART III - School Age/Summer Camp Director to Complete

Check box as appropriate

Parts I & II above are complete and including signature. (It is appropriate if all items in part II are written on the physician's stationary or a prescription pad.)

Medication is appropriately labeled. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date by which any unused medication is to be collected by the parent. (Within one week after expiration of the physician order or on the last day of camp.)

\_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Camp Director Signature

Date

Form must be updated yearly or as medication information changes. Summer Camp calendar runs from 07/10/2018 to 08/16/2018.

## Parent Information about Medication Procedures

1. Medications should be taken at home whenever possible. Any medication taken in Summer Camp must have a parent or guardian-signed authorization. Some medications also require physician's orders. Medication must be turned in to the Summer Camp Director prior to the start of the day. The parent or guardian must transport medication to and from site.
2. No medication will be accepted by Summer Camp personnel without receipt of completed and appropriate medication forms. **Form must be updated yearly or as needed. Summer Camp calendar runs from 07/10/2018 to 08/16/2018.**
3. A physician may use office stationary or a prescription pad in lieu of completing Part II. Include the following information written in lay language with no abbreviations:
  - Name of student
  - Date of birth
  - Reason for medication or diagnosis
  - Name of medication
  - Exact dosage to be taken, (e.g. milligrams per tablet, milligrams per ml/cc) as applicable
  - Time to take medication to be administered and frequency or exact time interval dosage
  - Sequence in which the medications should be taken in cases where more than one medication is prescribed
  - If medication is given on an as needed basis, specify the exact conditions or symptoms when medication is to be taken and the time at which it may be given again. ("repeat as necessary" is unacceptable.)
  - Duration of medication order or effective dates
  - Physician's signature
  - Date
4. All prescription medications, including physician's prescription drug samples, must be in their original containers and labeled by a physician or pharmacist. An over-the-counter medication must be in the original container with the name of the medication visible. The parent or guardian must label the original container with the following:
  - Name of student
  - Exact dosage to be taken in school age/summer camp (e.g. milligram tablet, milligrams per ml/cc)
  - Frequency or time interval dosage is to be administered
5. The first dose of any medication must be given at home.
6. The parent or guardian is responsible for submitting a new form to the Summer Camp at the time of registration or the start of the program.
7. Medication will be stored in a secured location accessible only to authorized personnel.
8. Within one week after expiration of the effective date on the physician order, or on the last day of the program, the parent or guardian must personally collect any unused portion of the medication. Medications not claimed within that period will be destroyed.
9. Medication can be given no more than one half hour before or after the prescribed time.
10. The Town of Northumberland, its employees and personnel does not assume responsibility for authorized medication taken independently by the student.
11. In no case may any Summer Camp staff member administer any medication outside the framework of the procedures outlined here.

# Medical Information

This document shall be presented to a physician, dentist, or appropriate hospital representative at such time as unexpected medical, dental, surgical care, or hospitalization may be required.

<b>MINOR(S) INFORMATION including HOSPITALIZATION COVERAGE</b>		
Name of Minor(s) _____ _____ _____	DOB (mm/dd/year) _____ _____ _____	Insurance Company or Government/ID or Contract # _____ _____ _____
<b>ALLERGIES and SPECIAL CONDITIONS</b>		
Name of Minor(s) _____ _____ _____	Allergies (food & environmental), Special Conditions _____ _____ _____	
<b>IMMUNIZATION INFORMATION</b>		
Name of Minor(s) _____ _____ _____	Immunizations are Up-to-Date  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Last Tetanus Shot _____ _____ _____
I/We, being the parent(s) or legal guardian(s) of the above named minor(s), do hereby appoint: <b>Town of Northumberland, PO Box 128, 17 Catherine Street, Gansevoort, NY 12831</b> to act in my/our behalf in authorizing unexpected medical, dental, surgical care, and hospitalization for the above named minor(s) during the period of my/our absence from _____ through _____.		
<b>Parent/Guardian (Print/Sign/Address)</b> _____ _____ _____	<b>Parent/Guardian (Print/Sign/Address)</b> _____ _____ _____	
<b>Witness (Print/Sign/Address)</b> _____ _____ _____	<b>Witness (Print/Sign/Address)</b> _____ _____ _____	
<b>PHYSICIAN INFORMATION</b>		
Physician Name/Practice Name _____	Address _____	Phone Number _____

**\*In the event of an emergency your child will be brought to the nearest hospital.**

**\*\*If this information changes at any time during the program dates it is your responsibility to notify the camp in writing.**

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# 2018 Town of Northumberland Summer Camp Behavior Contract



## THE GOLDEN RULE

Treat others the way you want to be treated!



## BE SAFE

- Follow all instructions/directions of your counselors and staff.
- Stay with your counselor at all times.
- Keep your hands, feet and objects to yourself.
- **Wear your tie dye shirt to camp every day. This is a MUST!**
- Wash your hands before eating.

## BE RESPECTFUL, KIND, COURTEOUS and HELPFUL



- Use kind words.
- Use appropriate language.
- Use your manners (please and thank you).
- Share with each other.
- Arrive at camp quietly and calmly (no running, shouting, etc.).
- Respect each other's belongings.
- Use words to resolve problems.

## BE A GOOD LISTENER – GIVE US 5!



1. Eyes on the speaker
2. Mouth quiet
3. Body still
4. Hands to self
5. Listening ears on

You are expected to follow directions the first time they are given.

## BE RESPONSIBLE



- Pick up after yourself – don't leave a mess behind.
- Help others clean up.
- If you see trash, pick it up.
- Tell a counselor when you or someone else needs help.
- Your food is yours, no sharing with friends. (We have peanut free areas.)

## BE HONEST






- Always tell the truth.
- Turn in to a counselor/staff member items that do not belong to you.
- If you break something, please report it to a counselor/staff member.

## **\*\*ONE MORE VERY IMPORTANT RULE:**



If you see this sign:

- STOP 
- Look around , make sure no one is putting their food or drink on this table without asking a counselor first.
- Make sure you have washed your hands. 

### **What happens when you don't follow summer camp rules?**

1 <sup>st</sup> Time:	This will be <u>documented</u> and you will be given a <u>verbal warning</u> .
2 <sup>nd</sup> Time:	This will be <u>documented</u> , your <u>parent(s)/guardian(s)</u> will be <u>notified</u> and you will be given a <u>time out</u> (length of time based on age and severity of the offense).
3 <sup>rd</sup> Time:	This will be <u>documented</u> , your <u>parent(s)/guardian(s)</u> will be <u>notified</u> and you will be <u>suspended from camp for (1) day - (1) week</u> depending on the severity of the offense.
4 <sup>th</sup> (final) Time:	This will be <u>documented</u> and you will be asked not to return to camp.

### **A note to parents:**

We will make our best effort to:

- remain positive when speaking with your child(ren)
- clarify what action(s) was/were considered in violation of the rules
- help your child(ren) understand how the action(s) violated the rules
- allow our child(ren) to communicate their perspective and help if he/she has trouble expressing his/herself
- work with your child(ren) to decide what better choice(s) he/she can make next time

**The above rules and consequences are to be read and accepted.**

**While this will be reviewed and signed off on with your child(ren) during the opening day of camp, we encourage you to read and discuss this with your child(ren).**

**\*\* Please keep a copy of these rules at home for future reference.\*\***

The Town of Northumberland Summer Camp Behavior Contract rules and consequences are to be read and accepted by both the child(ren) and parent/guardian prior to arrival on the first day of camp.

This contract will be reviewed with your child(ren) during the opening day of camp and signed by your child(ren)'s counselor(s).

**The acceptance agreement (below) must be signed by both you and your child and returned to the Town Hall along with your fully completed application or to the Camp Director the first day of camp.**

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## 2018 Town of Northumberland Summer Camp Behavior Contract

I have read and understand the Summer Camp Rules and Consequences. I agree to abide by them.

Date Signed: \_\_\_\_\_

Child/Youth (1) \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature (If you know cursive.)

Child/Youth (2) \_\_\_\_\_  
*(if applicable)* Print Name

\_\_\_\_\_  
Signature (If you know cursive.)

Child/Youth (3) \_\_\_\_\_  
*(if applicable)* Print Name

\_\_\_\_\_  
Signature (If you know cursive.)

Parent/Guardian \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

Date Reviewed: \_\_\_\_\_

Counselor (1) \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

Counselor (2) \_\_\_\_\_  
*(if applicable)* Print Name

\_\_\_\_\_  
Signature

Counselor (3) \_\_\_\_\_  
*(if applicable)* Print Name

\_\_\_\_\_  
Signature

**The form (below) must be completed and signed by a parent/guardian and returned to the Town Hall along with your fully completed application or to the Camp Director the first day of camp.**

**2018 Town of Northumberland Summer Youth Program Photo Release Form**

**CONSENT:**

I, \_\_\_\_\_, give permission and consent for  
(parent/guardian name...please print)

\_\_\_\_\_ to be photographed during camp  
(child(ren)'s name(s)...please print)

session activities. I further give permission and consent that any such photographs may be published and used by the Town of Northumberland Summer Youth Program to illustrate and promote the camp experience and its camp programs.

**or NON-CONSENT:**

I, \_\_\_\_\_, **DO NOT** give permission nor consent for  
(parent/guardian name...please print)

\_\_\_\_\_ to be photographed during camp  
(child(ren)'s name(s)...please print)

session activities. I further **DO NOT** give permission nor consent that any such photographs may be published and used by the Town of Northumberland Summer Youth Program to illustrate and promote the camp experience and its camp programs.

\_\_\_\_\_  
(parent/guardian signature)

\_\_\_\_\_  
(date)