

Town of Northumberland Youth and Recreation Program 2016 Summer Registration

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

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

Camp will be held on Tuesdays and Thursdays from 10 a.m. to 3 p.m.,
July 12th through August 18th.

PART I – CAMPER INFORMATION			
Child's Name _____ _____ _____	Address (list only once if the same for all children) _____ _____ _____	DOB (mm/dd/year) _____ _____ _____	Age _____ _____ _____
PART II – PARENT/GUARDIAN CONTACT INFORMATION <i>(check the box to indicate primary contact number for each person listed)</i>			
Parent/Guardian _____ _____	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"/> _____
PART III – EMERGENCY CONTACT INFORMATION <i>(check the box to indicate primary contact number for each person listed)</i>			
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"/> _____
PART III – EXPECTED ATTENDANCE			
<u>Please check</u> the days your child will attend.			
Week 1 – <input type="checkbox"/> July 12 th <input type="checkbox"/> July 14 th	Week 4 – <input type="checkbox"/> August 2 nd <input type="checkbox"/> August 4 th		
Week 2 – <input type="checkbox"/> July 19 th <input type="checkbox"/> July 21 st	Week 5 – <input type="checkbox"/> August 9 th <input type="checkbox"/> August 11 th		
Week 3 – <input type="checkbox"/> July 26 th <input type="checkbox"/> July 28 th	Week 6 – <input type="checkbox"/> August 16 th <input type="checkbox"/> August 18 th		
<input type="checkbox"/> All Weeks			
PART IV – INFORMATION			
<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 the Northumberland Town Hall, 17 Catherine Street, Gansevoort (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, this year we will be asking a nominal field trip fee (\$2-10 per child) to cover 2-3 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 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/children, 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 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/children permission to ride his/her/their bike(s), walk or skate to the Town of Northumberland Summer Recreation Program.

_____ I give my child/children 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.

TOWN OF NORTHUMBERLAND

The policy of the Northumberland Summer Recreation Program is that no child will be released to anyone other than a custodial parent without prior authorization. This policy was implemented to safeguard your child. There will be no exceptions.

I, _____, authorize the following individuals to pick up my child/children, _____ from the Summer Recreation Program. If I wish to add and/or delete anyone from this list, I will contact you **in writing.**

NAME	ADDRESS	PHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Custodial Parent/Guardian

Date

Prescription and Non-Prescription Medication Authorization

Release and Indemnification Agreement

Please read information & procedures on the reverse side.

PART I – Parent or Guardian to Complete and Sign			
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: <input type="checkbox"/> Yes <input type="checkbox"/> No First dose was given - Date: _____ Time: _____ <i>(If no, the first full dose must be given at home to ensure the child does not have a negative reaction.)</i>			
Child's name (Last, First, Middle) and DOB: _____			
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
Parent or Guardian Name (Print or Type) – <i>not required if physician signs</i>	Parent or Guardian Signature	Telephone Number	Date
PART III - School Age/Summer Camp Director to Complete			
Check box as appropriate			
<input type="checkbox"/> 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.)			
<input type="checkbox"/> Medication is appropriately labeled. _____ Date by which any unused medication is to be collected by the parent. <i>(Within one week after expiration of the physician order or on the last day of camp.)</i>			

Camp Director Signature

Date

Form must be updated yearly or as medication information changes. Summer Camp calendar runs from 07/12/2016 to 08/18/2016.

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 07/12/2016 to 08/18/2016.**
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.

MINOR(S) INFORMATION including HOSPITALIZATION COVERAGE		
Name of Minor(s) _____ _____ _____	DOB (mm/dd/year) _____ _____ _____	Insurance Company or Government/ID or Contract # _____ _____ _____
ALLERGIES and SPECIAL CONDITIONS		
Name of Minor(s) _____ _____ _____	Allergies (food & environmental), Special Conditions _____ _____ _____	
IMMUNIZATION INFORMATION		
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: Town of Northumberland, PO Box 128, 17 Catherine Street, Gansevoort, NY 12831 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 _____.		
Parent/Guardian (Print/Sign/Address) _____ _____ _____	Parent/Guardian (Print/Sign/Address) _____ _____ _____	
Witness (Print/Sign/Address) _____ _____ _____	Witness (Print/Sign/Address) _____ _____ _____	
PHYSICIAN INFORMATION		
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.**