

Town of Northumberland Youth and Recreation Program 2022 Summer Registration

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

(PARTS I-VIII must be COMPLETE BEFORE your child/children will be registered.)

(PARTS IX and X must be COMPLETED and RETURNED NO LATER THAN the FIRST DAY of camp.)

You may scan and submit this packet to summercamp12831@gmail.com.

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

PART I – CAMPER INFORMATION			
Child(ren)'s Name(s) _____ _____ _____	Address (list only once if the same for all children) _____ _____ _____	DOB (mm/dd/year) ____/____/____ ____/____/____ ____/____/____	Age ____ ____ ____
PART II – PARENT/GUARDIAN CONTACT INFORMATION (**note if number is a cell (c), home (h), or work (w) phone**)			
Parent/Guardian _____ _____	Primary Phone** c/h/w _____ _____	Secondary Phone** c/h/w _____ _____	Primary Email _____ _____
PART III – EMERGENCY CONTACT INFORMATION (**note if number is a cell (c), home (h), work (w) phone, or (E) if email**)			
Emergency Contact _____ _____	Primary Phone** c/h/w _____ _____	Secondary Phone** c/h/w _____ _____	Other Contact** c/h/w/E _____ _____
PART IV – EXPECTED ATTENDANCE			
<p style="text-align: center;"><u>Please check</u> the days you anticipate your child(ren) will attend. This helps us finalize our field trips.</p> <p><input type="checkbox"/> All Weeks OR</p> <p>Week 1 – <input type="checkbox"/> July 12th <input type="checkbox"/> July 14th Week 4 – <input type="checkbox"/> August 2nd <input type="checkbox"/> August 4th Week 2 – <input type="checkbox"/> July 19th <input type="checkbox"/> July 21st Week 5 – <input type="checkbox"/> August 9th <input type="checkbox"/> August 11th Week 3 – <input type="checkbox"/> July 26th <input type="checkbox"/> July 28th Week 6 – <input type="checkbox"/> August 16th <input type="checkbox"/> August 18th</p> <p>***Also... <input type="checkbox"/> Turning Point Parade August 7th</p>			
GENERAL 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 Town Park across from Stewart's and behind Saratoga Flag (subject to change with advanced notice) promptly at 10 a.m. and return approximately 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, art education, 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 (\$5-10 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 and all fees will be noted on the camp calendar.</p> <p style="text-align: center;">**An afternoon snack will be provided daily.**</p>			

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PART V – RELEASE AUTHORIZATION

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(ren). There will be **no exceptions**.

I, _____, authorize the following individuals to pick up my child(ren),
(parent/guardian name...please print)

_____, from the Summer
(child(ren)'s name(s)...please print)

Recreation Program. If I wish to add and/or delete anyone from this list, I will contact you **in writing**.

INDIVIDUAL(S) NAME

ADDRESS

PHONE NUMBER

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

 **PERMISSION TO BIKE/WALK/SKATE** *(initial only if you agree):*

_____ 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.

Signature of Custodial Parent/Guardian

Date

PART VI – 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** _____

SPECIAL ACCOMMODATIONS

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/PHYSICAL 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.

PART VII – 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.

PART A - MINOR(S) INFORMATION including HOSPITALIZATION COVERAGE

Name of Minor(s)	DOB (mm/dd/year)	Insurance Company or Government/ID or Contract #
_____	_____	_____
_____	_____	_____
_____	_____	_____

PART B - ALLERGIES and SPECIAL CONDITIONS

Name of Minor(s)	Allergies (food & environmental), Special Conditions
_____	_____
_____	_____
_____	_____

PART C - IMMUNIZATION INFORMATION

Name of Minor(s)	Immunizations are Up-to-Date <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Last Tetanus Shot (required by NYS)	COVID VACCINE (2 shots) <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART D - PHYSICIAN INFORMATION

Physician Name/Practice Name	Address	Phone Number
_____	_____	_____

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) _____ _____ _____

***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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PART VIII – PRESCRIPTION and NON-PRESCRIPTION MEDICATION AUTHORIZATION *(instructions on page 8)*

Release and Indemnification Agreement

I/We opt IN _____ *(please initial)* **I/We opt OUT** _____ *(please initial)*

PART A – Parent or Guardian to Complete and Sign **(OPT IN ONLY)** - 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:

 First Name Middle Name Last Name 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 B – (OPT IN ONLY) 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 _____ T/F	Date ____ / ____ / ____
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Parent or Guardian Name (Print or Type) – <i>not required if physician signs</i> _____	Parent or Guardian Signature _____	Telephone Number _____	Date ____ / ____ / ____
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PART C - School Age/Summer Camp Director to Complete

Check box as appropriate

Parts A & B above are complete and including signature. (It is appropriate if all items in Part B 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 07/07/2020 to 08/13/2020.

PART VIII - INSTRUCTIONS

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 07/12/2022 to 08/13/2022.**
3. A physician may use office stationary or a prescription pad in lieu of completing Part B. 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.

PART IX – PHOTO RELEASE and COMMUNICATION PREFERENCES

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

2022 PHOTO RELEASE Form

I, _____, **give permission and consent /**
(parent/guardian name...please print)

DO NOT give permission NOR consent (circle one) for _____
(child(ren)'s name(s)...please print)

to be photographed during camp 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.

(parent/guardian signature)

(date)

2022 COMMUNICATION PREFERENCE Form

NOTE: This form is mainly for communication regarding trip changes or same day notifications (e.g. the bus is running late). It also comes in handy for reuniting orphaned items with their owner. **Please check ONLY those methods of communication via which you wish to receive notifications. ALSO, if you are a returning parent/guardian, please note this information does NOT necessarily carry over so you should either check "Current" to remain on that list or check "Remove" to be removed.**

TEXT: Yes No Current Remove **Please specify cell number(s) if different from registration form & note contact name.*

*Alternate cell phone number(s) [specify contact name(s)] and/or additional contact(s) w/cell number(s):

EMAIL: Yes No Current Remove **Please specify email(s) if different from registration form & note contact name.*

*Alternate email(s) [specify contact name(s)] and/or additional contact(s) w/email(s):

REMIND.com: Yes No Current Remove **Please specify cell #(s)/email(s) if different from registration form & note contact name.*

I will join myself. **class code:** @townofno

*Alternate email(s) and/or cell phone number(s) [specify contact name(s)] and/or additional contact(s) w/email(s) and/or cell number(s):

Please add:

FACEBOOK: Yes No Current Remove **Please specify Facebook ID(s) and contact(s) since this is a private page.*

I will join myself. **send friend request to:** Summer Camp (Miss Jenn)

*Alternate Facebook ID(s) & contact name(s):

Send a friend request to :



To add us to your FB Messenger Chats:

1. go to FB Messenger on your phone
2. tap on People (the 2 heads @ the bottom)
3. tap on the add people icon (look for the +)
4. tap SCAN CODE and follow the prompts

PART X – BEHAVIOR CONTRACT (contract follows on pages 11-12)

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 registration or to the Camp Director the first day of camp.

2022 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

↓ This section to be completed at camp.

Date Reviewed: _____

Counselor (1) _____
Print Name

Signature

Counselor (2) _____
(if applicable) Print Name

Signature

Counselor (3) _____
(if applicable) Print Name

Signature

2022 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.
- Electronic use and photography/video only with permission.

BE RESPECTFUL, KIND, COURTEOUS and HELPFUL



- Use kind words.
- Use appropriate language.
- Use your manners (please and thank you).
- Share with each other.
- Respect each other's belongings.
- Use words to resolve problems.
- Include everyone.

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 - it's not always easy, but we respect you for it.
- Turn in to a counselor/staff member items that do not belong to you.
- If you break something, please report it to a counselor – accidents happen.

****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 st Time:	This will be <u>documented</u> and you will be given a <u>verbal warning</u> .
2 nd 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 rd 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 th (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.****