



"Kids @ ❤️ Club" in the Town of Northumberland



Register for "The Kids at ❤️ Club" program

Town of Northumberland - Town Hall Board Room
17 Catherine Street, Gansevoort, NY 12831

Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender M / F
(Print First and Last Name)

Address \_\_\_\_\_ Age \_\_\_\_\_
(Street Address, City, State, Zip Code)

Insurance Carrier: \_\_\_\_\_

ID Number: \_\_\_\_\_

Please list any pertinent medical information (including those requiring maintenance meds)

Table with 3 columns: Allergies/Medical Problems, Medication Dosage, Frequency. Includes three rows of blank lines for data entry.

Additional Information (not required but helpful information)

IEP, Special needs, disabilities, physical limitations, vegetarian, aide required, anxiety, shy, etc.

Three horizontal lines for additional information input.

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 Kids at Heart Club program. I fully understand and acknowledge that there are inherent risks and dangers associated with my child's participation in the program. I also recognize the difficulties and challenges involved in indoor and outdoor recreation programs, and that my child is sufficiently physically and psychologically fit to participate and has not been advised otherwise by a physician.

I agree to indemnify and hold harmless the County of Saratoga, 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 program, including but not limited to reasonable attorney's fees and the costs and disbursement of any legal actions and extending to employees, personnel, volunteers, instructors, etc. in responding to any emergency and/or medical situation or event.

Furthermore, I understand that during the event photographs may be taken and published through social media pages or affiliated websites. Some photographs may capture your child's participation, directly or indirectly. I grant permission to use photos taken which may involve my child for publication on said platforms.

Emergency Contact Name & Phone Number: \_\_\_\_\_

Emergency Contact Name & Phone Number: \_\_\_\_\_

My child has permission to walk or ride a bike home after the program \_\_\_\_\_ (Initial or write No)

Other people authorized to pick up youth (Must be 16 years or older and required to show ID)

1. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (required): \_\_\_\_\_

Tues., Feb. 18<sup>th</sup> 10 – 11:30 am – Kids @  - Something fun for Everyone

Tues., March 4<sup>th</sup> 2:30 – 4 pm – Out of This World, Outer Space

Tues., March 18<sup>th</sup> 2:30 – 4 pm – The Human Hand

Tues., April 1<sup>st</sup> 2:30 – 4 pm – Checkers & Golf

Tues., April 15<sup>th</sup> – 17<sup>th</sup> Double Dutch Clinic at Gavin Park Gym in Wilton

Tues., April 29<sup>th</sup> 2:30 – 4 pm – Community Kindness

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Sponsored by Saratoga County Department of Aging and Youth Services (DAYS)  
and the Northumberland Youth and Recreation Department

For more information contact Rebecca, Youth Program Coordinator, DAYS 518-884-4101