

Youth Program Registration Form (Recess Programs)

Please use 1 form for each participant (complete both sides)

**Registrations will NOT be accepted without completed forms, Immunization records and proper payment.
(IMMUNIZATION records are required for the SUMMER PLAY CAMP PROGRAM ONLY)**

<p><u>RECESS CAMPS</u></p> <p>___ February (February 19 – 23) ___ April (April 2 - 6)</p> <p>*Tentative Fall Camps ___ Columbus Day (Oct 8) ___ Veteran’s Day (Nov 12) ___ Winter (December 27 – 30)</p> <p>___ STAR Camp</p>	<p><u>SUMMER PLAY CAMPS</u></p> <p>___ Session A (July 2 – July 6) ___ Session B (July 9 – July 13) ___ Session C (July 16 – July 20) ___ Session D (July 23 – July 27) ___ Session E (July 30 – Aug 3) ___ Session F (Aug 6 – Aug 10)</p> <p>Location: _____</p> <p><u>*Registration begins April 11*</u></p>	<p><u>SUMMER PLAY CAMPS</u></p> <p>___ Before Care ___ After Care Location: _____</p> <p>___ NATURE CAMP (Aug 13 – 17)</p> <p><u>GAP PROGRAM</u></p> <p>___ Before Care ___ After Care Location _____</p>
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Child Last Name	Child First Name	Age
Street	Zip	Date of Birth
Phone	Grade(2017-2018)	School Attending

2 **DURING PROGRAM HOURS WHERE PARENTS CAN BE REACHED:**

Mother’s Name	Phone	Alt. Phone
Father’s Name	Phone	Alt. Phone

3 **IN CASE OF EMERGENCY AND PARENT CANNOT BE REACHED, PLEASE NOTIFY:**

Name	Relationship	Phone Alt. Phone
Name	Relationship	Phone Alt. Phone
Name	Relationship	Phone Alt. Phone

4 **AUTHORIZATION FOR PICK-UP FROM PROGRAMS (Other than Parents):**

Name	Relationship	Phone Alt. Phone
Name	Relationship	Phone Alt. Phone
Name	Relationship	Phone Alt. Phone
Name	Relationship	Phone Alt. Phone

1. Should participant be restricted in recreation or swimming? In what way? _____

2. For Swimming activities, would you consider the participant a swimmer or Non-swimmer? _____

Additional Information: _____

-PLEASE COMPLETE REVERSE SIDE-



Gates Recreation and Parks Department
PROGRAM MEDICAL FORM Please use 1 form for each participant

The NYS Dept. of Environmental Health requires an immunization history filled out as completely as possible, for each camper under the age of 16. Please notify the Recreation & Parks Department if child is exposed to any communicable disease during the 3 weeks prior to any program (especially chicken pox or shingles).

Participant's Name _____ Date of Birth: _____

Name of Primary Care Physician: _____ Phone: _____

Do you carry family medical/hospital insurance? Yes No

If yes, Carrier: _____

Please indicate the appropriate answers or put N/A or "none" if the question does not apply to your child.

3. Is participant allergic to any food, or medications/drugs? _____

4. List any/all Medications participant is currently taking and what it is for _____

5. Is participant on a special diet? If so, explain: _____

6. Has participant been under any medical care within the past three months? If so, explain: _____

7. Anything else we should know about your child?(health issues or diagnosis, talents, fears, special abilities) _____

Liability Waiver & Consent for Medical Treatment

I assume all risks and hazards incidental to the conduct of the activities of Gates Recreation Programs and do hereby further release and hold harmless the Town of Gates and the Town of Gates Recreation and Parks Department staff and volunteers. The Town of Gates does not provide medical insurance. The Town of Gates does not provide accident insurance coverage. I give permission for above participant to be given first aid in case of emergency. This includes permission for the participant to be taken to the emergency department of a local hospital and that a licensed physician or hospital staff to administer emergency medical care deemed necessary for the child listed above when normal permission is unavailable. I certify that the child listed above is in good physical health and has no limitations other than those listed on the PROGRAM MEDICAL FORM, which may predispose the child listed above to risk during the program(s). I also fully realize that I must provide proper hospitalization. This health history is correct as far as I know. I have also read and understand the department's registration information, including its refund policy and procedure. I also understand the department is not responsible for participants' personal items if lost or stolen.

I give permission for the Town of Gates to photograph or video tape my child during Gates Recreation and Parks programs/activities.
_____Yes _____No

Parent/Guardian Signature: _____ Date: _____ / _____ /2018

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