

Town of Northumberland
Youth and Recreation Program
2025 Summer Registration

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

Camp will be held on Tuesdays and Thursday from 10am to 3pm July 8th through August 14th.

Part I - Camper Information

Child / Children's Names	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 or Guardian Name / Relationship	Phone (c / h / w)	Email
_____	_____	_____
_____	_____	_____
_____	_____	_____

Part III - Emergency Contact Information *(please list in preferred order)*

Emergency Contact Name / Relationship	Phone (c / h / w)
_____	_____
_____	_____
_____	_____

Part IIII - Expected Attendance *(please check the days your child is expected to attend)*

Week 1 - ___ July 8th and ___ July 10th Week 2 - ___ July 15th and ___ July 17th Week 3 - ___ July 22nd and ___ July 24th Week 4 - ___ July 29th and ___ July 31st Week 5 - ___ August 5th and ___ August 7th Week 6 - ___ August 12th and ___ August 14th ___ ALL Weeks

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

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Custodial Parent / Guardian

_____/_____/_____
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

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 Program and acknowledge all rules, regulations and directives of the program. I have a behavior contract, and will familiarize myself with the program rules and 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 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 & 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 even 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.

Medical Information: Please describe any allergies, medical problems, or other conditions, such as behavioral or anxiety disorders of which staff 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.

Mandatory 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)	Date of Birth (mm/dd/year)	Insurance ID #
_____	____ / ____ / ____	_____
_____	____ / ____ / ____	_____
_____	____ / ____ / ____	_____

Allergies and Special Conditions

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

Immunization Information

Name of Minor(s)	Immunizations are Up-To-Date	Date of Last Tetanus Shot
_____	___ yes ___ no	____ / ____ / ____
_____	___ yes ___ no	____ / ____ / ____
_____	___ yes ___ no	____ / ____ / ____

*I / We, being the parent(s) or legal guardian(s) or 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 while camp is in session from ____ / ____ / ____ to ____ / ____ / ____.*

Parent / Guardian 1 Signature	Parent / Guardian 2 Signature	Witness Signature
_____	_____	_____
Address	Address	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.*

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: First dose was given on ___/___/___ Time: _____:

___ NO (the first full dose must be given at home to ensure the child does not have a negative reaction.)

Child's Name and DOB:

First

Middle

Last Name

Date of Birth

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 clearance

Parent or Guardian Signature

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 (ex: 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 the sequence in which medications are to be taken.

Physician Name: _____

Physician Signature: _____

Telephone or Fax Number: _____ T / F

Date: ____ / ____ / ____

Parent or Guardian Name: _____

Parent or Guardian Signature: _____

Telephone or Fax Number: _____ T / F

Date: ____ / ____ / ____

Camp Director to Complete

____ 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.*)

Program Director Signature

____ / ____ / ____
Date

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 the 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 07/09/2024 to 08/15/2024.
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.

Form must be updated yearly or as medication information changes. Summer Camp calendar runs from 07/8/2024 to 08/14/2024.

2025 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 session activities.
(child(ren)'s name(s)... please print)

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 session activities.
(child(ren)'s name(s)... please print)

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)

Town of Northumberland Summer Camp BEEhavior Contract

BEE Safe

Follow all instructions / directions of your counselor and staff

Stay with your counselor at all times

Keep your hands, feet and objects to yourself

Wear your tie dye shirt to camp *everyday!*

Wash your hands before eating



BEE 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 - *directions should be followed the first time they are given.*



BEE Responsible

Clean up after yourself - leave no messes behind

Help others clean up - if you see trash, pick it up

Let a counselor know if you or someone else needs help

Do not share any food



BEE Honest

Always tell the truth

Take Responsibility for your actions

***Please also BEE aware:** There will be designated Peanut Free areas discussed on opening day.*

What happens if I am not **BEEing** the best that I can **BEE**?

1st Time: Your counselor will let Miss. Mariah know what happened. It will be documented, and you will be given a verbal warning.

2nd Time: Your counselor will let Miss. Mariah know what happened. It will be documented, and you will have a meeting with your counselor and Miss. Mariah. Your parents will be notified, and you may be asked to sit out of an activity to *think* about your **BEE**havior.

3rd Time: Your counselor will let Miss. Mariah know what happened. It will be documented, and you will have a meeting with your counselor and Miss. Mariah. Your parents will be notified, and you may be asked to sit out of an activity to *think* about your **BEE**havior as well as stay home from camp for 1 or 2 days depending on the severity of the offense.

4th and Final Time: Your counselor will let Miss. Mariah know what happened. It will be documented, and you will have a meeting with your counselor and Miss. Mariah. Your parents will be notified, and you will no longer **BEE**able to attend our camp.

A note to Parents:

At our camp, we strive to create a safe, inclusive, and enjoyable environment for all campers and staff. In order to achieve this, we have established the above behavior policy that every camper is expected to adhere to. In the event that your child is not adhering to the policy above we will make all reflections of behavior positive. We will be sure that your child has the chance to communicate their perspective, and the staff member has a chance to explain how their actions violated the agreed upon behavior policy. Before returning to any camp activity, your child will work with a staff member to brainstorm a better choice that could be made in the future to prevent a repeat of the behavior that violated our camp policy. Please review the policy with your child(ren) prior to opening day. If you have any questions, please contact Mariah

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

Date

Camper / Youth Name / Signature

Parent / Guardian Signature