Town of Northumberland Youth and Recreation Program 2024 Summer Registration

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

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

Camp will be held on Tuesdays and Thursdays from 10 a.m. to 3 p.m.,

July 9th through August 15th.

PART I – CAMPER INFORMATION				
Child's/Children's Name	Address (list only once if the same for all children)		DOB (mm/dd/year) Age	
			/	
			//	
PART II – PARENT/GUARDIAN CO	NTACT INFORMATION (note	e 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	Cell Phone	to indicate primary contact number Home Phone		
Emergency Contact	Cell Phone	nome Phone	Work Phone/Ext.	
		□	Ц	
PART III – EXPECTED ATTENDANO	Œ			
	Please check the days yo	our child will attend.		
Week 1 − □ July 9 □ July 11		Week 4 − □ J	uly 30 🗆 August 1	
Week 2 − □ July 16 □ July 18		Week 5 − □	August 6 🗆 August 8	
Week 3 − □ July 23 □ July 25	,)	Week 6 − □	August 13 □ August 15	
	□ All We	eeks		
PART IV – INFORMATION		- l. 2 d l. tl	and for abilding and 5.42. That is	
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.				
This summer program is designed for children to have fun in a non-competitive learning environment. All programs are inclusive, co-ed, and the trips will contain outdoor adventures and organized activities with qualified staff.				
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 3-4 of our trips so that we may broaden our educational experiences. You will be notified of these fees in advance.				
An afternoon snack will be provided daily.				
	•	•		

TOWN OF NORTHUMBERLAND

parent without prior authorization. This policy was implemented to safeguard your child. There will be no exceptions				
I,		, authorize t	the following individua	als 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
	-			

Date

The policy of the Northumberland Summer Recreation Program is that no child will be released to anyone other than a custodial

Signature of Custodial Parent/Guardian

AUTHORIZATION FOR MEDICAL TREATMENT OF MINORS

PLEASE READ THE FOLLOWING CAREFULLY. BY SIGNING BELOW, YOU AGREE TO THE FOLLOWING WAIVER:

nereby 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)
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 neld is totally free of exposure to nuts and nut-products.
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//
Parent/Guardian Signature Date// Witness Signature Date//
□ I give my child/children permission to ride his/her/their bike(s), walk or skate <u>to</u> the Town of Northumberland Summer Recreation Program.
□ I give my child/children permission to ride his/her/their bike(s), walk or skate <u>from</u> 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.

Medical Information (MANDATORY)

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 include	ling HOSPITALIZAT	TION COVERA	AGE .
Name of Minor(s)	DOB (mm/dd/ye		nsurance Company or Government/ID or Contract #
ALLERGIES and SPECIAL CONDIT	//_		
Name of Minor(s)		2	\ Cuacial Canditions
		k environmental)), Special Conditions
IMMUNIZATION INFORMATION			
Name of Minor(s)	Immunizations a □ Yes □ No	are Up-to-Date	Date of Last Tetanus Shot
	□ Yes □ No		/
	□ Yes □ No		/
17 Catherine Street, Gansevoort, NY 12	2831 to act in my/our b	behalf in authoriz	o hereby appoint: Town of Northumberland, PO Box 128 izing unexpected medical, dental, surgical care, and sence from/
Parent/Guardian (Print/Sign/Address)		Parent/Gua	ardian (Print/Sign/Address)
Witness (Print/Sign/Address)		Witness (Pr	rint/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**.

Prescription and Non-Prescription Medication Authorization

Release and Indemnification Agreement

☐ I/We opt IN	(please initial)	☐ I/We opt OU	T (please initial)	
PART I – Parent or Guardian to Cor	nplete and Sign (Pleas	se read information	n & procedures that follow.)	
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: (If no, the first full dose must be given at home to		-	··	e::am/pm
Child's name (Last, First, Middle) and DOB:				
			DOB://	
First Name Middle Name	Last Name			
No Northumberland Summer Youth and Redesignee has personally reviewed all the redesignee.		ter medication or t	reatment, unless the Progran	n Director or his or her
Parent or Guardian Signature	Daytime Phone Numb	ber .	// Date	
PART II - Parent or Guardian to Co	mplete and Sign for ov	ver-the-counter	r medications for relief	of symptoms for
headache, muscle ache, orthodont				
antibiotics and antiviral medicatio	n. Physicians must con	nplete and sign	for all other medication	ns.
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 basi may be given again.	s, specify the symptoms or o	conditions when m	nedication is to be taken and t	he time at which it
Dosage to be administered at the camp (e.	g. mg, ml, or cc)	Time(s) or interv	al between times to be given	
			ing more than one medication ns are to be taken.	n, list sequence in
Physician Name (Print or Type)	Physician Signature		Telephone or Fax Number T/F	Date//
Parent or Guardian Name (Print or Type) – not required if physician signs ———————————————————————————————————	Parent or Guardian Signat		Telephone Number	Date//
PART III - School Age/Summer Cam	p Director to Complete	e		
Check box as appropriate				
□ 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.)				
Camp Director Signature			///	

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 07/09/2024 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 a 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 in 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 07/09/2024 to 08/15/2024.

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

2024 Town of Northumberland Summer Youth Program Photo Release FormCONSENT:

I,, give	permission and consent for
(parent/guardian nameplease print)	
to be p	hotographed during camp
(child(ren)'s name(s)please print)	
session activities. I further give permission and consent t	that any such photographs
may be published and used by the Town of Northumberla	and Summer Youth Program
to illustrate and promote the camp experience and	d its camp programs.
or NON-CONSENT:	
, DO NOT	give permission nor consent for
(parent/guardian nameplease print)	
to be p	hotographed during camp
(child(ren)'s name(s)please print)	
session activities. I further DO NOT give permission nor conse	ent that any such photographs
may be published and used by the Town of Northumberla	and Summer Youth Program
to illustrate and promote the camp experience and	d its camp programs.
(parent/guardian signature)	(date)

2024 TOWN OF NORTHUMBERLAND SUMMER CAMP B E E HAVIOR CONTRACT

BFF 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



BESPECTFUL, KIND, COUREOUS 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.

BESPONSIBLE

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





BEENONEST

Always tell the truth

Take responsibility for your actions

Please also β [[aware:

If you see this sign



you must check with a

counselor before entering that area.

What happens if I am not β [[ing the Best Camper that I can β [[?

Ist 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 **§ [** [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 B [[havior as well as stay home from camp for I 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 <code>[][]</code> 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 Miss. Mariah.

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 also 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 application.

2024 Town of Northumberland Summer Camp & [[havior Contract

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

	Date Signed	
Camper / Youth		
	Print Name	Signature (if you know cursive)
Parent / Guardian		
	Print Name	Signature
	Date Signed	
Counselor		
	Print Name	Signature
Camp Director		
Print N	Name	Signature

(Additional copies available upon request – one contract per camper)

** Additional copy **

2024 Town of Northumberland Summer Camp \S [\S havior Contract

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

	Date Signed	
Camper / Youth		
	Print Name	Signature (if you know cursive)
Parent / Guardian		
	Print Name	Signature
	Date Signed	
Counselor		
	Print Name	Signature
Camp Director		
Print	Name	Signature