

Schaghticoke Youth Commission Summer Program-2020

Schaghticoke Youth Commission Summer Program

Medical Permission Slip

First, Last Name (Required): _____

Please enter the first and last name of your child

Birth Date (Required): _____

Gender (Required):

(Select only one option)

☐ Male

☐ Female

Current Grade (Required): _____

Parent or Guardian (Required): _____

Email (Required): _____

Home Phone (Required): () - _____

Cell Phone (Required): () - _____

Work Phone (Required): () - _____

Address (Required):

Street: _____

Address Line 2: _____

City, State, Zip: _____

In case of Emergency Doctors Name (Required): _____

Doctors Phone Number (Required): _____

*Inhalers and epi-pens must be in the original pharmacy box along with the doctor's note by the first day of camp.

Please notify the camp if this camper is exposed to any communicable diseases during the three weeks prior to camp attendance.

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Please list any Medical Conditions/ Allergies that we should be aware of (Required):

Please list any current medications we should be made aware of (Required):

Please choose which bus stop your child will be picked up at (Required):

(Select only one option)

- | | |
|--|--|
| <input type="checkbox"/> Melrose Firehouse | <input type="checkbox"/> Schaghticoke Municipal Village Building |
| <input type="checkbox"/> LaPosta's Store | <input type="checkbox"/> Pleasantdale Firehall |
| <input type="checkbox"/> Hemstreet Park Fire House | <input type="checkbox"/> Corner of Master Street and Akin Rd |
| <input type="checkbox"/> No Transportation Needed (Drop Off) | |

Emergency Contact

Description

Name of Emergency Contact One (Required):

Address of Emergency Contact One (Required):

Street:

Address Line 2:

City, State, Zip:

Phone (Required): () -

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Name of Emergency Contact Two
(Required):

Address of Emergency Contact Two (Required):

Street:

Address Line 2:

City, State, Zip:

Phone (Required): () -

Note:

The Town and Village of Schaghticoke Youth Commission may only operate a Summer Day Camp by permit from Rensselaer County Department of Health.

That the Town and Village of Schaghticoke Youth Commission Summer Day Camp is required to be inspected yearly.

That the records of inspections of children's camps within Rensselaer County are filed in the office of the Rensselaer County Department of Health, County Office Building, Troy, New York 12180.

Incase the camp must close early, the information will be sent to the media by the Hoosic Valley Central School District.

Health History Permission

Parent or Guardian's Signature:

This health history is correct to my knowledge and the person herein describe has permission to engage in all camp activities, except those noted. I allow my child to carry and use sunscreen when it is used against overexposure to the sun. I authorize camp personnel to assist with the application of sunscreen, if needed.

Parent Signature
(Required):

Emergency Permission

In the event that I cannot be reached in an emergency, I hereby give my permission to the physician selected by the camp directors to hospitalize and secure proper treatment.

Parent Signature
(Required):

Field Trips Permission

This permission slip gives the Schaghticoke Youth Commission permission to take your child on field trips during the summer program, as well as your child's permission to attend the program.

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Parent Signature
(Required):

Schaghticoke Youth Commission Safety Rules

Dear Family, The Schaghticoke Youth Commission has important safety rules, which MUST be followed for the campers and staff to have a safe and enjoyable summer. We are listing the rules and explaining the "three strikes" discipline code.

Rules:

1. Campers will respect the property of the school, bus, other campers' belongings and camp equipment.
2. No fighting or physical violence.
3. Respect and abide by the drug free zone.
4. No alcohol or cigarettes.
5. No obscene language or disrespect toward staff and campers.

Three Strikes Discipline Code:

1. Counselor will speak to child and give a verbal warning. Director will log strike.
2. Counselor will ask Director for assistance. Director will give a verbal warning. Director will log the strike. Director will contact parents.
3. Director will call parents. Child will be dismissed from camp.

FOR SEVERE OFFENSES

CAMPER WILL BE IMMEDIATELY EXPELLED FROM THE SUMMER PROGRAM. *THE DIRECTOR'S WILL MAKE THE FINAL DECISION!*****

By signing below you have acknowledged you have read and understand the rules and consequences for the Schaghticoke Youth Commission. You also have reviewed the rules with your child.

Parent Signature
(Required):

Camper's Signature
(Required):

Town of Hoosick Community Pool Learn-to-Swim Program 2020

Town of Hoosick Community Pool Learn-to-Swim Program

2 Week Swim Session

Session 2- July 20, 2020- July 31, 2020

First, Last Name (Required): _____

Please enter the first and last name of your child

Sex (Required): _____

Birth Date (Required): _____

Address (Required):

Street: _____

Address Line 2: _____

City, State, Zip: _____

Swim level (Required):

(Select only one option)

If unsure of level please make your best guess

☐ Option 1 ☐ Level 1

☐ Level 2 ☐ Level 3

☐ Level 4 ☐ Level 5

☐ Level 6

Email (Required): _____

Home (Required): () - _____

Cell Phone (Required): () - _____

Medical Information Does the participant have any medical condition the instructor should be aware of (Required - Select at least one option):

☐ Yes

☐ No

If yes, please explain/list any Medical Conditions/ Allergies (Required):

For example: Diabetic or Suffers from Seizures. If you answered no above please write N/A.

Town of Hoosick Community Pool Learn-to-Swim Program 2020

Emergency Information

Description

**Parent/Guardian Name
(Required):**

**Secondary Emergency Contact
(Required):**

Who will we call if you are unavalibale

Home Phone (Required): () -

Secondary Emergency Contact

Cell Phone (Required): () -

Secondary Emergency Contact

**Relationship
(Required):**

Secondary Emergency Contact

Signature:
