

Child's Name _____ Grade completed this past school year _____

All children must be in the age range of Kindergarten-11 to participate in the recreation program. All children must be capable of using the bathroom by themselves.

Birthday _____ Sex _____ Age _____

Parent/Guardian _____

Home Phone _____ Work _____ Cell _____

Home Address _____

Emergency Contact #1 _____ Relationship _____

Phone _____ Address _____

Emergency Contact #2 _____ Relationship _____

Phone _____ Address _____

Child will not attend Summer Program without this information!!!

Health History:

List any illnesses, medical conditions, or allergies your child has:

Immunizations:

Please list the dates these immunizations were given, and date that your child may have had any of these.

Polio _____ HIB _____ HBV _____

Chicken Pox _____ MMR _____ DTP _____

Name & Phone Number of Family Physician: _____

Dietary Modifications _____

Current Medications _____

Hospital preference in case of an emergency (if available) _____

This health history is correct as far as I know, , and the person herein described has permission to engage in all prescribed camp activities except as noted above.

Emergency authorization: I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests and treatment for my child, and in the event I can not be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for my child, as names above. This form may be photocopied for camp use.

Signature of Parent/Guardian _____ Date _____

Witness _____

Parent/Guardian Permission – Use of Sunscreen at Camps

Self Application:

I give permission for _____ (Camper's Name) to carry and self apply sunscreen. I understand the following conditions must be met in order to promote proper and safe use of sunscreen at Camp:

- 1.) The sunscreen will only be used to prevent overexposure to the sun
- 2.) Only sunscreen approved by the FDA for over the counter use will be permitted for use by the camper

Signature of Parent/Guardian _____ Date _____

Assisted Application:

If _____ (Camper's Name) is unable to apply the sunscreen themselves, I give permission for the camp staff to assist in the application of the sunscreen.

Signature of Parent/Guardian _____ Date _____

Reminder: Sunscreen is considered a drug and shall be checked and logged by the camp as such in accordance with the policies and procedures set forth in their safety plan.

David C. Webb Memorial Park at Taft Bay:

— Must have a permit to operate from the Oswego County Health Department;

— Is required to be inspected twice yearly; and

— The inspection reports and required plans are filed at the Oswego County Health Department, 70 Bunner Street, Oswego, NY and available for review.

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

I hereby grant permission for my child(ren) to participate in the Summer Youth and Recreation Program and acknowledge all rules, regulations and directives of the program. I have received the parent notifications and will familiarize myself with the program guidelines.

_____ *(please initial)*

I assume, for and on behalf of my child(ren), 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 Constantia endeavors to provide nut free programs, I understand that the Town cannot guarantee that the program 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 Constantia, 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(ren) while participating in the Summer Recreation Program.

The scope of this agreement extends to any actions taken by the Town of Constantia Parks & Recreation Department, the Town of Constantia, 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

Witness Signature

Date