

## 2019 Claverack Youth Summer Playground Registration Form

(The child must have completed kindergarten to be eligible to attend)

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Grade last completed \_\_\_\_\_ School attended? \_\_\_\_\_

### In Case of an Emergency:

Primary Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_ home/work/cell  
Relationship \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_ home/work/cell  
Relationship: \_\_\_\_\_

### **Please complete the following medical information:**

Health Insurance Carrier: \_\_\_\_\_  
Subscriber Name: \_\_\_\_\_ Ins. Number \_\_\_\_\_

Does your child have any known allergies to bees, food, medications, etc? If so, please list them.  
\_\_\_\_\_

Does your child have asthma? \_\_\_\_\_ Inhaler needed? \_\_\_\_\_

Will you provide a bee kit, inhaler, or medication to our medical officer at the playground? \_\_\_\_ If yes, please identify: \_\_\_\_\_

List any major illnesses or health restrictions that should be placed on your child's play:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

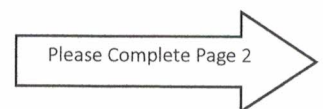
Is your child currently taking any medication on a regular basis? \_\_\_\_\_  
If yes, please list them with the dosage. \_\_\_\_\_

Any vision impairment? \_\_\_\_\_ Are glasses worn? \_\_\_\_\_ Contacts? \_\_\_\_\_  
Any hearing Impairment? \_\_\_\_\_ Are hearing aids worn? \_\_\_\_\_ Ear tubes? \_\_\_\_\_  
Are immunizations up to date according to the public school schedule? \_\_\_\_\_  
If no, explain which ones are missing. \_\_\_\_\_

Is your child exempt from immunization? \_\_\_\_\_

What is the date of your child's last tetanus shot? \_\_\_\_\_

Please Complete Page 2



## Emergency Release and Permission Slip

I hereby give permission to the CYC staff to:

\_\_\_\_\_ Transport my child to the Columbia Memorial Hospital via the Rescue Squad. I authorize the hospital to give emergency treatment as needed in the event that I cannot be contacted.

**Signed** \_\_\_\_\_

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Because of the great number of children in the playground program, the staff requires all parents and children to read and sign a behavior contract. The following rules will be enforced for the safety of all children and staff. **If the child repeatedly breaks the rules, three or more times he/she will be expelled from the program.**

No swearing

No hitting/fighting

No bike riding on the grounds

No throwing of objects  
trips/events

No unruly bus behavior

No unruly behavior on

No use of cigarettes/alcohol/drugs

No inappropriate materials

No disrespect to counselors

No disregarding of safety rules or engaging in dangerous behavior

I understand that my child can and will be expelled from the playground if he/she does not follow the rules. I have discussed these rules with my child and he/she also agrees to follow them. In addition I agree that my child will not be dropped off before 9:00 am or remain at the playground after 2:00 pm, since there will be **no supervision provided at those times.**

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**Playground Participant**

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**Parent/Guardian**

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**Fees:** The CYC summer playground is free to all children age 5-16, who have completed kindergarten, and reside in the Town of Claverack full time. A small fee will be collected for the following: (check all that apply)

Out of town resident tuition: \_\_\_\_\_ (Town) \$100.00 \_\_\_\_\_

Busing Fee (per child): \$25.00 \_\_\_\_\_

\*If bus transport is needed, please write directions to your location noting the nearest intersection.

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**\* A copy of every Camper's current Immunization records must be on file with the Town prior to attending camp. These can be faxed directly to the Town at 518-672-4821**