## 2022 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 attende	ed?		
In Case of an Emergency:			
Primary Contact:	Phone#:	home/work	cell
Relationship			,
Secondary Contact:	Phone#:	home/work	/cell
Relationship:			
Please complete the following medical infor			
Health Insurance Carrier:			
Subscriber Name:	INS. NUMD	er	
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 medica please identify:			/es,
List any major illnesses or health restrictions	that should be placed on	your child's play:	
Is your child currently taking any medication If yes, please list them with the dosage.			
Any vision impairment? Are	glasses worn?	Contacts?	
Any vision impairment? Are Any hearing Impairment? Are	hearing aids worn?	Ear tubes?	
Are immunizations up to date according to the	ne 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 s	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 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 hitting/fighting No bike riding on the grounds No swearing No throwing of objects No unruly bus behavior No unruly behavior on trips/events 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. **Playground Participant** Parent/Guardian 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 \$25.00 Busing Fee (per child):

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

\* 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