

June 27, 2016- August 12, 2016

2693 Main Street, Suite 207
Lake Placid, NY 12946
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Lake Placid Summer Recreation Program

Child's Information

Child's name (first/middle/last) _____
Name called _____
Address _____ City _____ Zip _____
 Male Female Birth date _____ Age _____
Grade _____ School _____
Camper is a: Non-swimmer Beginning swimmer Intermediate swimmer
 Special accommodations (provide additional information if necessary) /Requests _____

Family Information

Mother/guardian's name _____ Employer _____
Home address _____ City _____ Zip _____
Home # _____ Work # _____ ext. _____ Mobile # _____
E-mail address _____

Father/guardian's name _____ Employer _____
Home address _____ City _____ Zip _____
Home # _____ Work # _____ ext. _____ Mobile # _____
E-mail address _____

Will your child **WALK**, be **DROPPED OFF**, or be **PICKED UP**? (Please circle all that apply)

Specific Instruction (if needed): _____

Effective 2014 there will be a charge for the youth program of \$60.00 per child for the 7 week program. Please make check payments payable to the North Elba Park District. At this time we cannot accept credit cards. Scholarships available program open to all.

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HEALTH FORM

Child's Information

Child's name (first/middle/last) _____

Mother/guardian's name _____

Home # _____ Work # _____ ext. _____ Mobile # _____

Father/guardian's name _____

Home # _____ Work # _____ ext. _____ Mobile # _____

Health Information

Please print clearly

Please check all that apply to this camper:

Deaf or hard of hearing

Legally blind

Uses mobility aide (i.e., wheelchair, braces, etc.)

Recent/Current illness/injury/existing medical conditions: _____

Special Needs/ Diet

Camper currently takes medication? If yes, name the medication, dosage, time(s) given and doctor's name _____

Camper requires special health care (i.e., inhaler, Epi-pen, etc.)? If yes, please explain _____

Camper has allergies? If yes, please specify _____

Child's doctor _____ Doctor's phone _____

Child's dentist _____ Dentist's phone _____

All campers must attach an age appropriate immunization record to this form. If a camper does not have an immunization record due to medical or religious reasons, etc., a licensed physician must document this and attach it to this form.

Release Information/Emergency Information In the case of emergency, please contact the following first:

If mother, father or guardian cannot be reached, call:

Name _____ Relationship to child _____

Home # _____ Work # _____ ext. _____ Mobile # _____ Pager# _____

Name _____ Relationship to child _____

Home # _____ Work # _____ ext. _____ Mobile # _____ Pager# _____

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Youth Programs Policy

Please read each of the following policies and sign below to indicate your understanding of these policies.

Eligibility:

1. To be eligible to attend North Elba Youth Commission you must be either a full time resident of the Town of North Elba or a tax paying property owner of the Town of North Elba or student of Lake Placid Central School
2. Children who do not attend Lake Placid Central School must provide medical records before they are allowed to attend the program.

Waivers/Permissions:

1. I permit my child to participate in activities the Lake Placid Summer Recreation Program conducts outside the North Elba Show Grounds facilities/Lake Placid High School/Elementary School.
2. **Field Trips** – I permit my child to leave the North Elba Show Grounds/ Lake Placid High School/Elementary School on authorized trips under the supervision of the Lake Placid Summer Recreation staff. I may review a weekly written schedule of activities to be conducted off the North Elba Show Grounds premises.
3. **Photography** – I permit the North Elba Park District to use images of my child as a Lake Placid Summer Recreation program participant in internal and external promotional material. This includes any printed material, broadcast and print advertising, promotional videos and the Town of North Elba web site which are produced or published by the North Elba Park District. I also permit the North Elba Park District and/or the media to use images of my child in broadcast and print media news coverage of the Lake Placid Summer Recreation program. I understand that my child's name is not published.

Important Information

4. Each camper must bring to camp every day:

- Bagged lunch that does not require refrigeration
- Bathing suit
- Beach towel
- Sunscreen
- Water bottle
- Sneakers (sandals or other opened-toe shoes are only permitted at the beach)
- Jacket

5. Please be sure to read the Lake Placid Summer Recreation program's child release procedure and list who you want authorized to pick up your child. Remember, for your child's safety and protection, if the person is not on your list, we won't release your child from camp.

6. **Attendance:** Although it is not required that your child attend camp on a daily basis, we do ask that he or she try to come as often as possible to establish a relationship with the counselors and other campers. *It is appreciated if advance notice can be given when your child will not be attending camp.*

7. **Trips** – The Lake Placid Summer Recreation Program plans local and non-local trips throughout the 7 week program.

Medical Treatment Policies

8. **Medication** – The staff at the Lake Placid Summer Recreation Program does not normally administer any medication and will do so only when directed in writing by the child's parent or guardian, however, in the event of an emergency in which the parent cannot be contacted, Emergency Medical Staff may take appropriate action in the best interest of the child.

9. **Treatment Procedures** The appointed medical staff are responsible for overseeing all basic first aid and health care for campers as well as the monitoring and caring for campers with existing medical conditions and the handling of any medical emergencies. The appointed staff members have use of a fully-stocked first aid kit containing material for basic first aid, and are trained for responding to emergencies.

Program Policies

10. Child Drop-off/Pick-up Policy – The Lake Placid Summer Recreation Program operates from **10:00 a.m. to 3:00 p.m.** during weekdays. We greatly appreciate our parents' courtesy of making sure that their child is dropped-off and picked-up during our established camp hours.

11. **Inclement Weather** – The Lake Placid Summer Recreation Program will operate during inclement weather. The camp will remain on-site within the North Elba Show Grounds facility or Lake Placid Central School Buildings.

I have read and understand all the policies stated above.

Parent/guardian signature _____ Date _____