

SICM COMMUNITY DAY CAMP @ STEINMETZ REGISTRATION 2017

Please complete both sides of this form – Please print

CHILD (one form per child – age eligibility is 7 to 12 at time of camp)

First Name: _____ Last Name: _____

Age: _____ Date of Birth _____ Gender: M F Grade in Fall _____

Ethnicity (check all that apply): Black/African American: _____ White/European American _____

Hispanic/Latina: _____ Native/American Indian: _____ Multiracial/Biracial _____

PARENT/GUARDIAN

First Name: _____ Last Name: _____

Contact Information: Best Phone Number During the Day: _____

Mailing Address, including zip code: _____

If separated or divorced, who has legal custody? _____

A court order is needed if a parent is denied access to a child.

PICK-UP/EMERGENCY CONTACT AUTHORIZATION

I authorize the following people to pick up my child from SICM's Camp. I also authorize these people to be contacted in an emergency situation if the parent/legal guardian cannot be reached. All authorized persons must be at least 16 years of age and be prepared to show PHOTO ID.

Please indicate the Name, Relationship and Phone Number for each person below:

NYS LAW REQUIRES THE FOLLOWING BE COMPLETED PRIOR TO START OUR PROGRAM

HEALTH INSURANCE CARRIER: _____ GROUP # _____ ID# _____

CHILD'S PHYSICIAN: _____ DATE OF LAST PHYSICAL: _____

1. HEALTH CONCERNS OR LEARNING PROBLEMS: _____

2. ANY FOOD RESTRICTIONS (NOT ALLERGIES): YES / NO IF YES, WHAT: _____

3. ANY ALLERGIES? YES / NO

IF YES, PLEASE SPECIFY IN DETAIL: _____

IF BEE STING KIT/INHALER IS NEEDED, WILL SHE/HE CARRY IT AT ALL TIMES? YES / NO

4. IS YOUR CHILD CURRENTLY ON ANY MEDICATION? YES / NO

IF YES, PLEASE EXPLAIN (ALL MEDICATIONS MUST BE ACCOMPANIED BY A DOCTOR'S NOTE PERMITTING THE ADMINISTRATION:

MEDICATION(S): _____ ADMINISTER TIME/S: _____

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Camper's Name: _____

Please indicate which week(s) your child will attend (may attend 1 – 6 weeks)

SUMMER CAMP SESSIONS	
___ Session 1: July 5 – July 7	___ Session 4: July 24 – July 28
___ Session 2: July 10 – July 14	___ Session 5: July 31 – Aug. 4
___ Session 3: July 17 – July 21	___ Session 6: Aug. 7 – Aug. 11

SICM's Camp runs from 8 AM to 1 PM. Your child can also enroll in the Boys & Girls Club's program at Steinmetz Park for an afternoon program. A separate enrollment is required.

Permission to Participate in Camp

I give permission for my child to participate in the SICM CAMP indicated above and any field trips/off-site visits.

Parent/Guardian signature _____ Date _____

Emergency Authorization

I give permission for my child to be medically treated in the case of an emergency illness or injury {please indicate any medical restrictions: _____}

If no medical restrictions, please write NONE in the space above.

Parent/Guardian signature _____ Date _____

Consent To Be Photographed

I give SICM permission to videotape/photograph my child for the purpose of education and information sharing. Furthermore, I grant permission for SICM and Camp Fowler's affiliated media partners to use photographs/video taken of my child, either using or not using my name or the name of my child, taken at either program.

Parent/Guardian signature _____ Date _____

Waiver and Release

1. I waive and release SICM and Camp Fowler and their trustees, officers, employees and agents from any and all liability for any injuries incurred by my child while participating in the Community Day Camp facilitated by SICM during the Summer of 2017, unless caused by the sole negligence of SICM.
2. I assume all risks associated with my child's participation in Field Trips.
3. I have adequate health insurance for my child.
4. Any action in regard to this Release shall be instituted and litigated before the Supreme Court, Third Judicial District, Schenectady County, NYS.
5. I have read this entire Release, I fully understand it, and I agree to be bound by it.

Parent/Guardian signature _____ Date _____

SUNSCREEN CONSENT: I give permission for my child to carry and use sunscreen. I understand the sunscreen is not used for treatment of an injury or illness. The sunscreen is approved by the FDA for over-the-counter-use.

Initials: _____

BUG REPELLENT CONSENT: I give permission for SICM staff to apply insect repellent if necessary. I understand my child will not carry the insect repellent him/herself; the insect repellent will be under the control of SICM staff.

Initials: _____