

**WEST SENECA RECREATION DEPARTMENT
2015 Summer Day Camp Registration Form**

THIS FORM MUST BE COMPLETED IN FULL AND RETURNED TO THE RECREATION DEPARTMENT THE TUESDAY PRIOR TO YOUR CHILD'S FIRST DAY OF CAMP
PLEASE COMPLETE ALL 4 PAGES TO THIS FORM
Children will not be allowed to attend camp without the health form completed and turned in

FOR OFFICE USE ONLY <input type="checkbox"/> Imm. <input type="checkbox"/> PIF	
Years: _____	Months: _____
Gender: M	F
Allergy: _____	
Rx: _____	Swim Y N
Grouping Request: _____	
Other: _____	

Camper Information

Child's Full Name: _____
 Home Address: _____ City: _____ Zip: _____
 Home Phone Number: _____ Male: _____ Female: _____
 School Grade in Fall 2015: _____ Date of Birth: _____ Age in Years & Months (as of 6/29/15) _____
 Allergies: _____

Parent Information

Mother's Name: _____ Cell # : _____ Home Phone #: _____
 Mothers Email Address _____
 Name of Work: _____ Work Phone #: _____
 Father's Name: _____ Cell # : _____ Home Phone #: _____
 Fathers Email Address: _____
 Name of Work: _____ Work Phone #: _____

If parents are unavailable in an emergency, please notify:

Name: _____ Relation: _____ Phone #: _____
 Name: _____ Relation: _____ Phone #: _____
 Siblings Names: _____ Ages: _____

Will your child be registered for swimming lessons this summer at the Bi-Centennial Pool? Circle YES NO

Please note that there is an additional fee associated with Swim Lessons. If you are interested in signing your child(ren) up for Swim Lessons please speak with one of our office staff. Swim Lesson Fee: \$35/Resident \$45/Non-Resident

Please list any additional information you would like us to know:

Check If Attending	Session Number	Session Dates	Pre-Camp Supervision 7 :30 AM Start <i>Check If Attending</i>	Post-Camp Supervision 5:30 PM End <i>Check If Attending</i>
	1	6/29 – 7/2		
	2	7/6-7/10		
	3	7/13-7/17		
	4	7/20-7/24		
	5	7/27 – 8/31		
	6	8/3 – 8/7		

**Please note there is no fee for pre/post supervision*

Childs Last Name:

Permission Form

Immunization History Required Immunizations must be determined locally. This is a record of dates or basic immunizations and most recent booster doses. Please list the date the booster or immunization was administered. **Your pediatrician does not need to complete this. You can have these records faxed to use at 716-675-5106.**

Vaccine	Date Given	Vaccine	Date Given	Vaccine	Date Given
DTP/ DTAP 1		OPV/IPV 3		Hep B 2	
DTP/ DTAP 2		OPV/IPV 4		Hep B 3	
DTP/DTAP 3		Hib 1		MMR 1	
DTP/DTAP 4		Hib 2		MR 2	
DTP/DTAP 5		Hib 3		Tentanus Booster	
OPV/IPV 1		Hib 4		Varicella - chicken pox	
OPV/IPV 2		Hep B 1		TB Test	
OTHER:					

Medications: If your child requires any medications be taken and overseen at camp, please fill out the following table.

Name: _____ DOB: _____ Weight: _____

Drug	Route (orally, topically, etc...)	Dosage	Schedule and Indications	Comments/Side Effects	Prescription Number

Physician's Signature: _____
(If your camper must have medication at camp, your physician must sign here)

All medications must be in their original container when submitted to the camp director or assistant director.

I hereby request that the staff of the Town of West Seneca Day Camp supervise my child taking the above medication as indicated.

Parent signature: _____ Date: _____

Doctor / Insurance Information

Name of Family/Child Physician: _____ Phone #: _____

Do you carry family medical/hospital insurance? If so, indicate policy/group # for carrier _____

This health history is correct so far as I know and the person listed above has permission to engage in all prescribed camp activities except as noted. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for the person named above. I expect to be notified immediately.

Parent / Guardian Signature _____ Date: _____

Permission for pick up form:

Below is a table that should be filled in to include any persons you would like to have permission to pick up your child from camp. Please include parent names in the table as well. At pick up, staff will be checking IDs to assure that the appropriate people are taking your child. If a name is not listed below, camp staff will not release your child to that person. Please make every effort to list people that may be picking up your child during the program, including YOURSELF, grandparents, siblings, friends, etc.

Name	Phone Number	Relation

Parent permission to take pictures and video footage:

I authorize West Seneca Recreation Department to take photographs and video footage of my child/ children while he/she is participating in any programs being run by West Seneca Recreation. I understand these photographs and video footage will be used for marketing purposes, West Seneca Recreation Department Bulletins, West Seneca Recreation Brochures, postings on the West Seneca Recreation Department website, seen on TV's in local businesses, You Tube and other social networking sites.

Parent/ Guardian Signature _____ Date: _____

Parent permission for child to use pool:

The Town of West Seneca Summer Day Camp utilizes the Bi-Centennial Pool to swim during the summer. The pool is required to be inspected by the Erie County Health Department during the summer in order to operate. The pool provides qualified lifeguards, all of whom are Red Cross Certified. West Seneca Summer Camp also implements a "Buddy System Check" multiple times during the swim visit to ensure the safety of each camper. Each camper will be given a water test to determine their swim level on the first day of swim each week. Please sign below to give permission for your child to swim at the pool during the summer camp session(s).

Parent/ Guardian Signature _____ Date: _____

Field Trip Acknowledgment:

I give my child permission to attend all West Seneca Summer Day Camp Field Trips for the session(s) that he/she is registered for.

Signed: _____ Date: _____

(Parent or Guardian Signature ONLY)

Please use the following section to provide information to answer the following questions. Information provided will help out staff maximize your child's camp experience with is, and will be kept confidential.

Does your child have any serious fears? Does your child have any kind of physical limitations/handicaps? Does your child have any special needs, including behavioral or emotional? Are there any other special issues or accommodations that our staff should be aware of?

Permission to Walk:

Upon completion of this section, the camp staff will allow a child to arrive and sign him/herself into camp and also be dismissed from the camp program to walk home. The child is the parent's responsibility outside of the designated camp times.

Start Date: _____ End Date: _____ Days to be Walking/Riding Bike: M T W TH F

Expected Arrival at Camp: _____ AM/PM

Time Child Should Be Released to Walk/Ride Bike Home from Camp: _____ AM/PM

Parent Signature: _____

Parent/Guardian Agreement

I hereby enroll my child in the Town of West Seneca Recreation Department Summer Day Camp Program located at Veteran’s Park Camp. I have read and agree to all terms in this application. I understand the information relating to operations, including but not limited to behavior guidelines, hours and information pertaining to the Summer Day Camp Handbook, available separately from this application. The health information form is correct as far as I know and the person described has permission to engage in all camp activities except as noted by me and his or her physical/healthcare provider. I have provided the staff with any pertinent information which may assist the Town of West Seneca Recreation Department in caring for my child, including, but not limited to: allergies, previous or existing illness or condition, sunburn sensitivity, diet requirements, long-term medications, disability or limiting conditions, emotional, developmental, or behavioral challenges. I agree to notify the Town of West Seneca Recreation Staff immediately in writing of any changes in address, phone numbers, emergency contacts, etc. I understand that not providing the above may put my child’s health and safety at risk. I give consent for The Town of West Seneca Recreation staff to apply spray sunscreen on my child prior to engaging in extended outdoor time in the sun, or at any point if visibly needed. If my child has any allergies to sunscreen, I have so indicated in the “Medical Recommendations and Restrictions while at Camp” section of the application. I give consent for my child to take part in field trips or excursions off property under proper supervision. I give the Town of West Seneca Recreation Department consent to use any photographs or video tapes of my child for promotional or public relations purposes, including web site material and camp advertising. Although the activities of the Camp will be supervised at all times, it is agreed and understood that neither the Town of West Seneca nor any individual associated therewith will suffer any liability for injuries or damages sustained by myself or my child arising out of such activities, and I agree to indemnify and hold harmless the Town of West Seneca and such individuals supervising, aiding and otherwise associated with the Camp and its activities from all damages and liabilities, including, but not limited to, personal injuries, suffered or incurred while participating in Camp activities. I hereby register my child for the designated session(s) of the Town of West Seneca Recreation Department Summer Day Camp. I understand that the Erie County Department of Health requires my child to have completed health information (including immunization dates) to attend camp. I further understand **I must have paid in full for each session in order for my child to be officially registered for that specific session and that registering for previous sessions does not guarantee a spot in future camp sessions.**

Signature of Parent/Guardian

Date

FOR OFFICE USE ONLY

Rates:

Session 1: June 29-July 2

Immunizations

Swim Payment Receipt Number

Resident \$100.00
Each Additional Child \$90.00
Non-Resident \$115.00
Each Additional Child \$105.00

Sessions 2-6: July 7-August 8

Resident \$115.00
Each Additional Child \$100.00
Non-Resident \$130.00
Each Additional Child \$115.00

<u>Session</u>	<u>Total Due</u>	<u>Down Payment</u>	<u>DP Receipt #</u>	<u>Final Pay</u>	<u>FP Receipt #</u>
1	\$				
2	\$				
3	\$				
4	\$				
5	\$				
6	\$				

ID Card

Number: _____ **Expiration Date:** _____ **Shirt Size:** _____