

WATERVLIET CIVIC CENTER
SUMMER RECREATION PROGRAM
2023 APPLICATION

CHILD' NAME:		HOME PHONE:	
ADDRESS:		CITY:	
D.O.B.	SEX:	GRADE:	SCHOOL:

MOTHER'S NAME:		HOME PHONE:	
ADDRESS:		CITY:	
STATE:	ZIP:	CELL PHONE:	
EMPLOYER:		WORK PHONE:	
EMAIL ADDRESS:			

FATHER'S NAME:		HOME PHONE:	
ADDRESS:		CITY:	
STATE:	ZIP:	CELL PHONE:	
EMPLOYER:		WORK PHONE:	
EMAIL ADDRESS:			

IN CASE OF AN EMERGENCY, LIST PEOPLE TO BE CONTACTED IF NEITHER PARENT CAN BE REACHED. * MUST BE IN ADDITION TO PARENTS OR GUARDIAN AND CANNOT BE AT THE SAME ADDRESS. YOUR CHILD WILL ONLY BE RELEASED TO THE INDIVIDUALS ON THIS FORM. ALL OF THE INDIVIDUALS LISTED MUST BE AT LEAST 16 YEARS OF AGE AND HAVE PHOTO IDENTIFICATION.

NAME:	HOME PHONE:
ADDRESS:	CITY:
STATE:	ZIP:
WORK PHONE:	EMPLOYER:
RELATIONSHIP TO CHILD:	CELL PHONE:
NAME:	HOME PHONE:
ADDRESS:	CITY:
STATE:	ZIP:
WORK PHONE:	EMPLOYER:
RELATIONSHIP TO CHILD:	CELL PHONE:
NAME:	HOME PHONE:
ADDRESS:	CITY:
STATE:	ZIP:
WORK PHONE:	EMPLOYER:
RELATIONSHIP TO CHILD:	CELL PHONE:

Shirt Size of Child: **Youth:** S__ M__ L__ XL__ **Adult:** S__ M__ L__ XL__ XXL__

PLEASE LIST NAME OF FAMILY DOCTOR, HOSPITAL OF CHOICE IN CASE OF EMERGENCY, ALLERGIES, DISABILITIES, MEDICAL CONDITIONS & HEALTH INSURANCE INFORMATION.

FAMILY DOCTOR:	
ADDRESS:	TELEPHONE:
CITY:	STATE: ZIP:
ALLERGIES:	
MEDICATIONS CURRENTLY TAKEN:	
MEDICAL CONCERNS:	
PLEASE CHECK YES OR NO: MY CHILD DOES HAVE A DIAGNOSED SEVERE DEVELOPMENTAL DISABILITY: ____ YES ____ NO IF YES A TREATMENT/BEHAVIOR PLAN MUST BE ESTABLISHED	
PLEASE CHECK YES OR NO: A WATERVLIET CIVIC CENTER STAFF MEMBER HAS PERMISSION TO APPLY SUNSCREEN TO MY CHILD: ____ YES ____ NO OUR AGENCY DOES NOT SUPPLY SUNSCREEN	
HOSPITAL OF CHOICE:	
HEALTH INSURANCE COMPANY:	POLICY #:

IMMUNIZATIONS

PLEASE RECORD THE FOLLOWING INFORMATION REGARDING YOUR CHILD'S IMMUNIZATION. IMMUNIZATION RECORDS CAN BE EMAILED TO wsheehy402@aol.com. IN THE SUBJECT LINE PLEASE REFERENCE IMMUNIZATION AND YOUR CHILD'S NAME.

<u>IMMUNIZATION</u>	<u>DATE</u>	<u>DOCTOR</u>	<u>ADDRESS</u>	<u>TELEPHONE</u>
DIPHTHERIA				
MEASLES				
MUMPS				
POLIOMYELITIS				
RUBELLA				
TETANUS				
HAEMOPHILUS INFLUENZA TYPE B				
HEPATITIS B				
VARICELLA				

PLEASE CHECK THE SESSION/SESSIONS YOUR CHILD WILL BE ATTENDING

SESSION # 1: June 26 – June 30	SESSION # 2: July 3 – July 7
SESSION # 3: July 10 – July 14	SESSION # 4: July 17 – July 21
SESSION # 5: July 24 – July 28	SESSION # 6: July 31 – August 4
SESSION # 7: August 7 – August 11	SESSION # 8: August 14 – August 18

Please note there is no program Tuesday, July 4

IN CASE OF AN EMERGENCY, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT THE PARENT/GUARDIAN. IN THE EVENT THE PARENT/GUARDIAN CANNOT BE REACHED, THE CHILD WILL BE TRANSPORTED TO THE HOSPITAL PRE-SELECTED ON THE APPLICATION.

MY CHILD HAS PERMISSION TO ATTEND THE WATERVLIET CIVIC CENTER 2023 SUMMER RECREATION PROGRAM. HE OR SHE IS IN GOOD HEALTH AND CAN PARTICIPATE IN ALL ACTIVITIES AND EVENTS INCLUDING SWIMMING AND FIELD TRIPS.

I HAVE RECEIVED A COPY OF THE WATERVLIET CIVIC CENTER 2023 SUMMER RECREATION PROGRAM PARENT HANDBOOK. BY SIGNING THIS APPLICATION I ACKNOWLEDGE THAT I UNDERSTAND AND AGREE TO ABIDE BY THE POLICIES AND PROCEDURES CONTAINED THEREIN.

GENERAL WAIVER OF LIABILITY: MY CHILD PLANS TO PARTICIPATE IN THE WATERVLIET CIVIC CENTER 2023 SUMMER RECREATION PROGRAM, BY SIGNING THIS RELEASE AND APPLICATION FORM, I UNDERSTAND THAT THE WATERVLIET CIVIC CENTER WILL NOT BE HELD RESPONSIBLE FOR INJURY TO PERSON OR PROPERTY.

PARENT/GUARDIAN NAME: _____
(please print)

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

Extended Hours

Please check the days you will need extended hours

<u>Day</u>	<u>Time</u>
<u>Monday</u>	<u>4:00 PM – 5:30 PM</u>
<u>Tuesday</u>	<u>4:00 PM – 5:30 PM</u>
<u>Wednesday</u>	<u>4:00 PM – 5:30 PM</u>
<u>Thursday</u>	<u>4:00 PM – 5:30 PM</u>
<u>Friday</u>	<u>4:00 PM – 5:30 PM</u>

Once your application is received, you will be notified stating that the application is complete or incomplete. If the application is incomplete, you will be informed what additional information is needed.