WATERVLIET CIVIC CENTER SUMMER RECREATION PROGRAM 2024 APPLICATION

CHILD'S NAME:		HOME PHONE:	HOME PHONE:	
ADDRESS:		CITY:		
D.O.B.	GENDER:	GRADE: SCHO	OCL:	
PARENT/GUARDIAN'S NAME:		HOME PHONE:		
ADDRESS:		CITY:		
STATE:	ZIP CODE:	CELL PHONE:		
EMPLOYER:		WORK PHONE:		
EMAIL ADDRESS:				
PARENT/GUARDIAN'S NAME:		HOME PHONE:		
ADDRESS:		CITY:		
STATE:	ZIP CODE:	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. 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:
EMPLOYER:	WORK PHONE:
RELATIONSHIP TO CHILD:	CELL PHONE:
NAME:	HOME PHONE:
ADDRESS:	CITY:
STATE:	ZIP:
EMPLOYER:	WORK PHONE:
RELATIONSHIP TO CHILD:	CELL PHONE:
NAME:	HOME PHONE:
ADDRESS:	CITY:
STATE:	ZIP:
EMPLOYER:	WORK PHONE:
RELATIONSHIP TO CHILD:	CELL PHONE:

^{*}SHIRT SIZE OF CAMPER: 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:	TELEPI	HONE:	
CITY:	STATE:		ZIP:
ALLERGIES:			
MEDICATIONS CURRENTLY TAKEN:			
MEDICAL CONCERNS:			
PLEASE CHECK YES OR NO: MY CHILD DOES HAVE A DIA	AGNOSE	D SEVERE	
DEVELOPMENTAL DISABILITY: YES NO			
IF YES, A TREATMENT/BEHAVIOR PLAN MUST BE ESTAB	LISHED		
PLEASE CHECK YES OR NO: A WATERVLIET CIVIC CENTI	ER STAF	F MEMBER	
HAS PERMISSION TO APPLY SUNSCREEN TO MY CHILD:	YI	ESNO	
OUR AGENCY DOES NOT SUPPLY SUNSCREEN			
HOSPITAL OF CHOICE:		-	
HEALTH INSURANCE COMPANY:	PC	DLICY #:	

IMMUNIZATION RECORDS

EACH CHILD WHO ATTENDS THE SUMMER RECREATION PROGRAM MUST HAVE AN UPDATED IMMUNIZATION RECORD. IMMUNIZATION RECORDS CAN BE EMAILED TO wsheehy402@aol.com. IN THE SUBJECT LINE PLEASE REFERENCE IMMUNIZATION AND YOUR CHILD'S NAME. NO CHILD WILL BE ALLOWED TO ATTEND THE PROGRAM WITHOUT AN UPDATED IMMUNIZATION RECORD.

PLEASE CHECK THE SESSION/SESSIONS YOUR CHILD WILL BE ATTENDING

SESSION # 1: July 1 – July 5	SESSION # 2: July 8 – July 12
SESSION # 3: July 15 – July 19	SESSION # 4: July 22 – July 26
SESSION # 5: July 29 – August 2	SESSION # 6: August 5 – August 9
SESSION # 7: August 12 – August 16	SESSION # 8: August 19 – August 23

^{*}Please note there is no program Thursday, 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/GUARDIACANNOT 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 2024 SUMMER RECREATION PROGRAM. HE OR SHE IS IN GOOD HEALTH AND CAN PARTICIPATE IN ALL ACTIVITIES AND EVENTS INCLUDING SWIMMING AND FIELD TRIP

I HAVE RECEIVED A COPY OF THE WATERVLIET CIVIC CENTER 2024 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 2024 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>
Monday	4:00 PM – 5:30 PM
Tuesday	4:00 PM – 5:30 PM
Wednesday	4:00 PM – 5:30 PM
Thursday	4:00 PM – 5:30 PM
Friday	4:00 PM – 5:30 PM

Once the 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.