

North Shore Youth Council

P.O. Box 1286, Rocky Point, NY 11778 - (631) 744-0207 - www.nsync.com - nsyc2005@aol.com

2019 Teen Titans Summer Recreation Program - Registration Form Joseph A. Edgar School, Rocky Point

Child's Name: - (Last) _____ (First) _____

Child's Date of Birth _____ Child's Grade for the 2019-2020 School Year _____

Parent's Name - (Last) _____ (First) _____

Mailing Address: _____ (town) _____

Street Address - (if different): _____ (town) _____

Phone numbers (home) _____ (work #1) _____ (work #2) _____

(cell #1) _____ (cell #2) _____ E-mail address _____

Emergency Contact Name #1: _____

Relationship to Child _____

Address: _____ Phone # _____

Emergency Contact Name #2: _____

Relationship to Child _____

Address: _____ Phone # _____

Throughout the course of the summer, NSYC takes photographs of the program to include in our DVD, newsletter and/or post on our website. Please indicate below if you *do not* give permission for the North Shore Youth Council to publish pictures of your child.

[] I ***DO NOT*** give permission for publication of my child's picture.

Signature of parent/guardian: _____

Both sides of this form must be completed in full

In order for us to better serve the needs of your child, please answer the following:

Does your child have any limitations with regard to physical activity? If yes, please explain: _____

Does your child have any allergies or reactions to insect bites/foods/drinks, etc? If yes, please explain: _____

Is there anyone your child **SHOULD NOT** be released to (i.e. custody issues)? _____

How will your child be getting home from our Teen Titans program? _____

Please select your program. The program runs Monday thru Friday, 1pm - 4pm.

- | | | |
|--|-------|--|
| <input type="checkbox"/> Week #1 (7/1-7/5) | \$125 | <input type="checkbox"/> All 5 Weeks \$500 |
| <input type="checkbox"/> Week #2 (7/8-7/12) | \$125 | |
| <input type="checkbox"/> Week #3 (7/15-7/19) | \$125 | |
| <input type="checkbox"/> Week #4 (7/22-7/26) | \$125 | |
| <input type="checkbox"/> Week #5 (7/29-8/2) | \$125 | |

All refund requests must be in the form of a letter addressed to the NSYC Board of Directors at the above address.

For your convenience we accept:

Visa card/MasterCard #: _____ Expiration Date: _____

Name on card: _____ Amount to be paid: _____

Checks/money orders should be made payable to North Shore Youth Council

**RETURN THIS FORM WITH YOUR PAYMENT TO THE NORTH SHORE
YOUTH COUNCIL, LOCATED ON THE GROUNDS OF THE JOSEPH A.
EDGAR SCHOOL IN ROCKY POINT OR MAIL TO NORTH SHORE YOUTH
COUNCIL, P.O.BOX 1286, ROCKY POINT, NY 11778-1286**

DO NOT RETURN THIS FORM TO THE SCHOOL.

North Shore Youth Council

Participant/Parent/Guardian Release

_____ has my permission to participate in all activities offered. If attempts to contact me are unsuccessful, I authorize and give my consent for any emergency medical, surgical or dental treatment for my child (listed above) anywhere/anytime should it be deemed advisable by a qualified medical Doctor or Dentist, and the prompt attention/treatment in an emergency. I authorize the North Shore Youth Council to take all necessary steps to insure my child's health & safety in case of an emergency and to administer any needed medications.

In case of accident or injury I will not hold the North Shore Youth Council or its employees or volunteers responsible. I understand and assume all risks that may occur during my child's participation in these programs. I understand that should any injury occur to my child at the program, I will be responsible for all medical treatment and other costs through my medical insurance policy and/or personal finances.

Parent/Legal Guardian

Print Name: _____

Parent/Legal Guardian

Signature: _____ DATE: _____

North Shore Youth Council

Rules and Guidelines

- Program participants are to respect each other's personal property.
- There will be no roughhousing with each other, the program counselors or the program directors.
- All program participants are expected to participate in all of the daily activities while they are attending the program.
- There is absolutely no use of foul language or verbal abuse of other program participants, program counselors or program directors.
- Please pay attention to instructions given by program counselors or program directors - they are there to provide for the safety of the program participants.
- There may be guest speakers during the program - please give them your attention.
- Supplies for crafts are given out by the program counselors for various activities. No one is to take home "extra" supplies for use at home.
- NSYC cannot be held responsible or assume liability for lost, stolen or damaged property. We request that your child does not bring cell phones or any expensive electronic games to the program. We also ask that your child not bring any toys or games to the program.
- If your child does not adhere to these rules and guidelines, the program director may ask your child to leave the activity. Parents or guardians will be notified.
- I understand that the NSYC cannot and will not administer any medication to my child and will only provide emergency first aid if required.

I hereby authorize and approve of my child's participation in the 2019 Teen Titans Summer Recreation Program. I verify that the information on the registration form is true and correct.

Child's name: _____

Name of parent or guardian: _____

Signature of parent or guardian: _____

North Shore Youth Council

Pick Up Permission Slip

I hereby give permission to have my child picked up from the NSYC 2019 Teen Titans Summer Recreation Program on a day when I am not able to do so. Permission is granted to the following individuals. These individuals are aware that they will need to show photo identification at the time of pickup before my child is released.

Individuals authorized to pick up: _____

Child's name: _____

Name of parent or guardian: _____

Signature of parent or guardian: _____



Youth Camp Health Exam/RECORD
FOR CAMPER AND STAFF
Physical Exams Are Valid for 3 Years

Please Return Completed Form

Date of Last Examination_____

Camper

Staff

Name:_____ Date of Birth:_____ Phone:_____

Guardian:_____ Address:_____

Emergency Contact:_____ Telephone:_____

Date of Arrival Camp:_____ Departure Date:_____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

Date of Exam:_____

_____ May participate in all camp activities

_____ May participate for: _____

Medical information pertinent to routine care and emergencies: _____

Is this individual taking prescription or over the counter medication(s)? Yes No

If yes please indicate names of medication(s)_____

Does the individual have allergies? Yes No

Is the individual on a special diet? Yes No

Does the individual have special needs? Yes No

This camper/staff is up-to-date on all of the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee of Immunization Practices:

	YES	NO		YES	NO
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Pneumococcal Conjugate		
Tentanus			Polio		
Haemophilus Influenza Type B					

Comments:

Print Name of medical provider: _____ Phone # _____

Medical care provider's address: _____

Signature of Physician, PA, APRN or _____

Date form signed _____