



# North Shore Youth Council

## ***2021 TEEN TITANS RECREATION PROGRAM***

**Joseph A. Edgar School – Rocky Point, NY**

**P.O. Box 1286, Rocky Point, NY 11778**

**Phone: 631.744.0207 | Fax: 631.744.3565 | [www.NSYC.com](http://www.NSYC.com)**

Teen Titans is NSYC's afternoon teen recreation program for middle school/high school aged preteens/teens. Our fun-filled recreation program features a wide range of activities that focus on positive youth development and enrichment, making friends, and having fun! Youth can participate in games, arts and crafts, team building activities, special outings/events, and more!

- Registration is on a first-come, first-served basis.
- The program will run for five weeks from July 12 - August 13.
- Program hours are Monday thru Friday, 1 PM – 4 PM. The program is held in the portables on the grounds of the Joseph A. Edgar School.
- The cost is \$155 per week. You may register for any number of weeks. Scholarships may be available for those who qualify.
- Outings are a separate cost and transportation must be provided.
- A separate registration form is required for each participant.
- A copy of your child's immunization record and health history form are strongly recommended for the program.
- The Camp Safety Plan is available at our website for your review.

Completed registration forms can be mailed to North Shore Youth Council, P.O. Box 1286, Rocky Point, NY 11778 or dropped off at our office in the portables on the grounds of the Joseph A. Edgar School in Rocky Point. You may also fax your completed forms to 631.744.3565. Please do not return your forms to the school. Registration forms must be completed in full and total payment is due at time of registration in order to reserve your child's spot.



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**2021 Teen Titans Registration**  
**(Please complete in full)**

Child's Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Child's Grade for 21-22: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Emergency Contacts (must be two individuals other than parent/guardian):**

Emergency Contact Name #1: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name #2: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

**In order 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 medical issues, allergies, or food allergies? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

My child requires an epi-pen or inhaler, and I will supply it to NSYC at the start of camp.

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

\_\_\_\_\_

Select t-shirt size: Youth - S\_\_\_ M\_\_\_ L\_\_\_      Adult - S\_\_\_ M\_\_\_ L\_\_\_ XL\_\_\_ XXL\_\_\_

Throughout the course of the summer, North Shore Youth Council takes photographs of the program for social media and public relations purposes. Please indicate your permission for us to take and publish pictures of your child.

[ ] I **DO** give permission for publication of my child's picture.

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

**Please select your desired weeks. The cost is \$155 per week. Special outings are a separate cost and transportation must be provided. Each child requires a separate registration form. Payment must be made in full to guarantee the weeks selected.**

- All 5 weeks (July 12 - August 13)
- Week #1 (July 12 - July 16)
- Week #2 (July 19 - July 23)
- Week #3 (July 26- July 30)
- Week #4 (August 2 - August 6)
- Week #5 (August 9 - August 13)

**Checks or cash are preferred. Please make checks/money orders payable to North Shore Youth Council.**

Name on Card: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Total Amount Billed: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



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## **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 ensure 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 further acknowledge that North Shore Youth Council is not accountable for any injury/illness that may occur through no fault or negligence of their care, act of God, or communicable disease. 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.

Print Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



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## 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 any program directors/supervisors.
- 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/supervisors.
- All program participants must pay attention to and adhere to instructions given by program counselors or program directors/supervisors. 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 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 2021 Teen Titans Recreation Program. I verify that the information on the registration form is true and correct.

Child's Name: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



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## Pick-Up Permission Slip

**I hereby give permission to have my child picked up from the NSYC 2021 Teen Titans 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 pick-up before my child is released.**

**Individuals authorized to pick-up:**

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Child's Name: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



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## Camper/Counselor Health History Form

### **CAMPER/COUNSELOR INFORMATION:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ [ ] Male [ ] Female

### **PARENT/GUARDIAN INFORMATION:**

Parent/Guardian #1: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ Cell Number: \_\_\_\_\_

### **EMERGENCY CONTACT: Local person to be contacted if either parent/guardian cannot be reached.**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

### **HEALTHCARE PROVIDER:**

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

### **ALLERGIES (please list all):**

Food Allergies: [ ] Yes [ ] No If yes, \_\_\_\_\_

Medication Allergies: [ ] Yes [ ] No If yes, \_\_\_\_\_

Other Allergies: [ ] Yes [ ] No If yes, \_\_\_\_\_

Do you/does your child require an epi-pen? [ ] Yes [ ] No *If yes, please enclose a copy of your physician's allergy plan.*

Are you/is your child allergic to trace content of any foods? [ ] Yes [ ] No If yes, \_\_\_\_\_

Are any of the above allergies severe or life threatening? [ ] Yes [ ] No If yes, \_\_\_\_\_

Describe allergic reaction and management of reaction: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**MEDICATION:**

Do you/does your child take any medication on a routine basis? [ ] Yes [ ] No

If yes, please list medications and reasons for taking: \_\_\_\_\_

\_\_\_\_\_

**GENERAL HEALTH HISTORY:** Has/does your child or you:

|  | Yes | No  |                           | Yes | No  |
|--|-----|-----|---------------------------|-----|-----|
| Had any recent injury, illness, or infectious disease? | [ ] | [ ] | Ever been stung by a bee? | [ ] | [ ] |
| Have a chronic or recurring illness or condition?      | [ ] | [ ] | Ever had Measles?         | [ ] | [ ] |
| Ever been hospitalized?                                | [ ] | [ ] | Ever had Mumps?           | [ ] | [ ] |
| Ever had surgery?                                      | [ ] | [ ] | Ever had seizures?        | [ ] | [ ] |
| Ever had a head injury?                                | [ ] | [ ] | Have diabetes?            | [ ] | [ ] |
| Have frequent headaches?                               | [ ] | [ ] | Have asthma?              | [ ] | [ ] |
| Have frequent ear infections?                          | [ ] | [ ] | Ever had Chicken Pox?     | [ ] | [ ] |

If yes, please explain. Please attach any copies of your physician's treatment/care plan(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any health conditions requiring special considerations or restrictions of any kind. Provide any additional information about the camper's/counselor's behavior and physical, emotional, or mental health of which the camp should be aware.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IMMUNIZATION RECORD:**

**PLEASE PROVIDE AN UP-TO-DATE COPY OF YOUR/YOUR CHILD'S IMMUNIZATIONS FROM YOUR HEALTHCARE PROVIDER.**

\_\_\_\_\_ is free of any communicable or contagious disease and has no physical, mental, or other conditions which would limit normal participation in camp activities except as noted above. If individual is under 18, parent/guardian must sign.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_