

North Shore Youth Council

P.O. Box 1286, Rocky Point, NY 11778 - Phone: (631) 744-0207 - Fax: (631) 744-3565 - www.nsync.com

School Break Fun Days Registration Form Registration Deadline Wednesday, February 14th (Please complete a separate form for each child)

Name of child: _____
School/grade: _____

Name of parent/guardian: _____
Phone number: _____

Emergency contact: _____
Phone number: _____

Individual(s) picking up your child: _____

Does your child have any allergies to food, medications, or other substances? No: _____ Yes: _____

If yes, please explain: _____

Does your child need/require the following? (circle any that apply) Epi-pen Benadryl Inhaler

We occasionally like to photograph children in our programs doing various activities to post on our website, social media, and/or include in our newsletter. Please indicate whether or not you give permission for your child's photo to be taken and used in the manner above:

YES, I DO give permission for North Shore Youth Council to photograph my child and use it in the manner listed above.

NO, I DO NOT give permission for North Shore Youth Council to photograph my child and use it in the manner listed above.

My child will attend on the following days during the following times:

		<u>\$50.00 per day</u>	<u>\$30.00 per day</u>	<u>\$35.00 per day</u>
		<u>7 AM-6 PM</u>	<u>7 AM-Noon</u>	<u>Noon-6 PM</u>
February	20 - Tuesday	Option A []	Option B []	Option C []
	21 - Wednesday	Option A []	Option B []	Option C []
	22 - Thursday	Option A []	Option B []	Option C []
	23 - Friday	Option A []	Option B []	Option C []

Please be advised that days are subject to cancellation if there are not enough registrations on a particular day

Enclose payment in full. Payment may be made by check, card, or cash. Please make checks payable to North Shore Youth Council. **Registration forms must be returned to the NSYC office. You may drop off in person or fax to 631-744-3565. If your child is enrolled in our childcare programs, your account must be current and paid in full in order to register.**

Total Amount: _____ Cash: _____ Check #: _____

Card #: _____ Expiration Date: _____ CVV: _____ Billing Zip Code: _____

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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.

Signature of Parent/Guardian: _____ Date: _____