Copake Park Summer Program

Fees for Park

For Copake Residents:
$100 per camper OR $250 family rate

Out of Town Residents:
$150 per camper

Name of Attendee: _____

Age: _____ Birth Date: _____-_____-_____ Gender: M F Grade: _____
Note: 5 year olds MUST have completed Kindergarten to register (Circle one) (Next September)

Parent/Guardian: _____
***Please print names of parents/guardians able to discuss and/or sign documents for your child**

Physical Address _____ Phone #: _____

_____ Work Phone#: _____

_____ Cell Phone #: _____
(Mailing address if different from physical address)

E-Mail Address:_____

Family Physician: _____Phone:_____

Health Insurance Provider: _____ID#:_____

Hospital Preference:_____

Emergency & Authorized Pick-up Information

If the above named person is not available in the event of an emergency, please contact the following:
Individuals listed below are also authorized to pick-up/drop-off my child at the Copake Park Summer Program.

Name:_____ Phone:_____

Name:_____ Phone:_____

Name:_____ Phone:_____

The Copake Park Summer Program may at times use your child's photo for newspaper articles and/or social media postings. Your child's photo will only be used at the discretion of the Program Director(s) and will be considered in a tasteful manner.
Our goal is to promote the program and the special events that we experience throughout the six week summer session.

In consideration of the above named child being permitted to participate in the Copake Park Summer Program, we agree on the behalf of ourselves and the above named child to abide by the rules, regulations, and hours of operation of the Copake Park Summer Program, and agree to promptly report any infraction of the same. The undersigned, as the parent/guardian for the above named child, hereby assumes responsibility for all risk of injury, accident, and loss of property or life arising out of such program participation by said child and hereby release, discharge, and agree to save and hold harmless the Town of Copake, the Copake Park Summer Program and their agents, employees, and volunteers against any and all claims, causes of action or suits arising out of the same.

Parent/Guardian Signature: _____

Print: _____

I have received and reviewed the Behavior Policy/Contract and agree to its terms. I understand that my child's attendance with the Copake Park Summer Program may be altered at the discretion of the staff.

Initial _____

Medical Information (Past and Present)

A current/up to date copy of immunization record and most recent physical is required in addition to this medical history.
NYS law requires accurate and up to date information be collected each year.

Date of last physical exam: (Must be within the past 12 months) _____

Please list any/all medications (prescription or OTC) with dosage your child is taking: Please Print Neatly

1) _____Dosage:_____Taken for: _____

2) _____Dosage:_____Taken for: _____

3) _____Dosage:_____Taken for: _____

PLEASE NOTE: If your child needs medication while at park it must be kept under lock and key in the Directors office, be in a clearly labeled original container w/physician & child's name, and must be self-administered. Although we are First Aid/ CPR/AED certified, by NYS law we cannot *administer* medication. Program director(s) will witness and document any medication taken while on premises. Thank you.

List any/all **medical** reasons to restrict or refrain from full activity/participation:

Please check any/all items below that apply to your child. Explain in full detail any/all medical concerns answers in the space provided and give all information needed to provide the safest and fullest participation possible for your child.

___ Asthma Uses Inhaler: Y / N	___ Heart disease	___Food Allergies
___ High Blood Pressure	___ Leukemia	___Medication Allergies
___ Diabetes	___ Has never been stung (bee)	___Plant Allergies
___ Convulsions/seizures	___ Has been stung (bee)	___Cancer
___ Previous Surgery	___ **Confirmed** bee sting allergy	___Hemophilia

Explain all items checked. Be as specific as possible to ensure the safety and well-being of your child:

Does your child have a medically diagnosed physical or mental disorder or condition?
If yes, please explain:

Does your child have any special equipment (orthopedic/handicap devices, eye glasses or contacts, etc):

In case of emergency, I understand every effort will be made to contact me. In the event that I cannot be reached, I hereby give permission to the EMT/physician selected by the adult leader in charge to secure proper medical treatment including but not limited to hospitalization, anesthesia, surgery, or injections of medication for my child.

_____ _____

Parent/Guardian Signature Date