

VILLAGE OF EVANS MILLS SUMMER RECREATION APPLICATION

MUST BE A TOWN OF LERAY RESIDENT

PLEASE RETURN COMPLETED FORMS TO THE EVANS MILLS VILLAGE OFFICE

Participant Information:

Participant's Name: _____ Phone #: _____ Cell #: _____

Age: _____ DOB: ___/___/___ Last School Grade Completed: _____

Check one: Male _____ Female _____

Ethnicity (check one): White _____ Black _____ Hispanic _____ Amer. Indian _____ Asian _____ Other _____

Name of School Child Attends: _____

Emergency Contact: _____

Additional Information:

Parent Information:

I would like to be contacted by: Cell: _____ Email: _____ (please chose one)

Address: _____

E-Mail Address: _____

Phone #: _____ Cell #: _____

Parent/Guardian Name: (Print) _____ Signature: _____

My Child is Allergic too: _____

Village of Evans Mills Summer Recreation Photo/Video Release

I hereby permit images of my child, captured during regular and special activities, through video, camera, and digital camera, to be used solely for Village of Evans Mills Summer Recreation promotional material publications and websites and waive any rights of compensation or ownership thereto. **Names of minors will not be given or posted on the internet or website.**

Name of Minor:	Signature:
Name of Parent/Guardian:	Date:

Village Of Evans Mills Summer Recreation Program 2022

HEALTH RECORD (This side is to be completed by Parent before presenting to Physician)

CHILDS FULL NAME _____ DOB: ____ / ____ / ____ ○ FEMALE ○ MALE

HOME ADDRESS CITY/STATE/ZIP CODE HOME TELEPHONE NUMBER

PARENT'S OR GUARDIAN'S NAME CONTACT TELEPHONE

FATHER'S PLACE OF EMPLOYMENT TELEPHONE

MOTHER'S PLACE OF EMPLOYMENT TELEPHONE

IMPORTANT: Please notify Camp Officials if the Child was/is exposed to any communicable disease at any time three weeks before camp attendance. ○NO ○YES

If YES, please give type of exposure:

HEALTH HISTORY (Check, giving approximate dates):

Asthma: _____ Behavior: _____ Chicken Pox: _____ Convulsion _____

Diabetic: _____ Ear Infection: _____ Hay Fever: _____ Insect Stings: _____

Ivy Poisoning, etc: _____ Measles: _____ Mumps: _____

Past Illness: _____

Contagious illness: _____

Other Drugs: _____ Penicillin: _____ Rheumatic Fever: _____

Operations or Serious Injuries (Dates): _____

Hospitalization: _____

Chronic or Recurring Illness: _____

Other Diseases or details of above: _____

Any specific activities to be restricted? _____

PLEASE CONTINUE TO FILL OUT THIS FORM ON THE BACK

Permission for all program activities unless otherwise noted by the physician

SIGNATURE OF PARENT/GUARDIAN:

SIGNIFICANT HEALTH HISTORY AND CURRENT CONDITIONS PLEASE LIST:

Medication taken:

Appliance worn (Glasses, Hearing Aid, etc.):

Conditions that modify activity (seizures, asthma, heart condition, etc.):

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I hereby give my consent/authority to the Staff of the EVANS MILLS SUMMER RECREATION PROGRAM to obtain the necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Relationship: _____

Signature: _____

Telephone: _____ Date: _____

SUMMER RECREATION INFORMATION 2022

Director: Emily Backes (315-)-560-8107 OR emily.backes3@gmail.com

When: July 11 – August 15 the program runs for 6 consecutive weeks.

Where: Jack Williams Community Park, 8135 Schell Ave, Evans Mills, NY 13637

Days/Times: Monday - Friday, Full Day 10:00 am – 3:00 pm,

Registration: Registration Forms are available at the Evans Mills Village Office and Town of Leray Municipal Office. Also, online at <https://www.villageofevansmills.com/>

In-person Sign-ups will be held, on July 7th & 8th from 10 AM – 3 PM at the Jack William's Community Park

Grades: Pre-K (must be 4 years old and registered for kindergarten in the fall) through 8th grade

Activities: Field and court games such as softball, kickball, basketball, field hockey, etc., and numerous table games and Arts and Crafts

Monitoring: Counselors, with appropriate certifications in First Aid, CPR/AED, etc., in compliance with both New York State and Jefferson County Board of Health regulations and standards, monitor campers. Attendance is taken daily. Once on-site for the day, participants must remain on-site, unless permission is granted by the parent and/or guardian, or picked up by the same.

Participants: Children must be transported to and picked up at the site. There is no public transportation. Cold drinks, snacks, and/or food must be brought by participants. Refrigeration, to minimize spoilage, will be provided for full-day participant lunches. Children should take care in protection from the sun and bring labeled water bottles

Please keep this page