

TOWN OF PENDLETON
2016 YOUTH SUMMER RECREATION PROGRAM
INFORMATION PAGE

Steve Lorenzo Recreation Director Beatrice Mattina & Carrie Ciraolo Camp Directors

Town Hall Address: Town of Pendleton 6570 Campbell Blvd. Lockport, NY 14094
Web Address: pendletonny.us
Fax Number: 716-625-6295
Program Location: Starpoint Central School 4363 Mapleton Road
Program Dates: Tuesday July 12 through Friday August 19
Program Hours: 9:00 am – 3:00 pm.
Sign Up Dates: Saturday May 7 (9am-Noon) Thursday May 19 (7pm- 9pm)
 Saturday May 21 (9am-Noon) at Pendleton Town Hall
Late Signup Dates: May 23 to May 27 @ 4:00 PM ***LATE FEE OF \$100 APPLIES***

Fees for 2016 Youth Summer Recreation Program *DUE AT SIGN UP*

RESIDENT: \$25 With Late Sign Up Fee May 23-27 \$125
NON RESIDENT: \$160 With Late Sign Up Fee May 23-27 \$260
FIELD TRIPS (UP TO 5) \$5 EACH

****THERE IS NO SWIM PROGRAM THIS YEAR DUE TO THE UNAVAILABILITY OF BOTH
STARPOINT SCHOOL AND NIAGARA COMMUNITY COLLEGE POOLS****

- Child MUST BE 5 years of age by July 12, 2016 to attend.
- Children who do not sign themselves in and out must be picked up from the Starpoint School on or before 3:00 pm. Children who may sign themselves out must exit the Program and Starpoint School grounds by 3:00 p.m.
- **FIELD TRIPS ARE NOW ON FRIDAYS----CAMP IS CLOSED ON FRIDAY FIELD TRIP DAYS**
- **Only Checks or Money Orders are accepted for payment.** Cash will not be accepted. There is a \$35 fee for returned checks.
- Make checks payable to: Town of Pendleton
- If dropping off or mailing your Registration to Pendleton Town Hall, enclose all forms and payment in a sealed envelope. You will receive an email confirmation once your registration has been received. Your cancelled check or money order receipt will be your receipt.
- If you are not a Town of Pendleton resident you must submit a copy of your School Tax Bill.
- There is a \$100 late signup fee for the period of May 23 to May 27. Registrations will not be accepted after the close of business at Pendleton Town Hall on Friday May 27 at 4:00 p.m.
- Please attach your child's Immunization Record to the Registration Form.
- You must attach a separate Doctor's Order if your child is allowed to use an EPI pen.
- If you are submitting an Immunization Record or Doctor's Order at a later date, please use the Town of Pendleton's address or fax number at the top of the page.
- Registration Forms and Employment Applications are located on our website:

pendletonny.us

**TOWN OF PENDLETON
2016 YOUTH SUMMER RECREATION PROGRAM
REGISTRATION FORM**

Child's Name:

Address:

City/State/Zip:

D.O.B. ____/____/____ Age: ____ Male: ____ Female : ____

Phone: _____

Email: _____

Emergency Contact:

_____ Phone: _____

A PARENT/GUARDIAN MUST ACCOMPANY THEIR CHILDREN TO AND FROM THE STARPOINT MIDDLE SCHOOL CAFETERIA AND SIGN THEM IN AND OUT. YOU AGREE TO PICK UP YOUR CHILD BY THE CLOSE OF THE DAILY PROGRAM ON OR BEFORE 3:00 PM.

YOU MAY PERMIT ANY CHILD 12 OR OLDER TO SIGN THEMSELVES IN AND OUT. YOU AGREE THAT THEY WILL EXIT THE STARPOINT SCHOOL BY THE CLOSE OF THE DAILY PROGRAM ON OR BEFORE 3:00 PM.

ANYONE FOUND WANDERING THE BUILDING OR IN AN AREA NOT APPROVED FOR USE BY THE TOWN OF PENDLETON YOUTH SUMMER RECREATION PROGRAM, MAY BE DROPPED FROM THE PROGRAM.

I _____ give permission for _____,
(Signature of parent/guardian) (Child's name)

who is 12 years of age or older, to sign in and out of the Town of Pendleton Youth Summer Recreation Program.

(Penalty for late registration is \$100)

**TOWN OF PENDLETON
2016 YOUTH SUMMER RECREATION PROGRAM
PERMISSION WAIVER**

This is a legally binding Consent Form and Release of Liability made voluntarily by me, the undersigned releaser, on my own behalf, and on the behalf of my child, as well as my child's heirs, executors, administrators, legal representatives and assigns, to the Town of Pendleton (hereinafter "the Town"). I hereby acknowledge that participation in the Town of Pendleton Youth Summer Recreation Program involves inherent risk of physical injury and assume all such risks. I hereby agree that for the sole consideration of the Town allowing my child to participate in the above named activity for which or in connection with which the Town has made available any equipment, facilities, grounds or personnel for such programs or activities, I do hereby release and forever discharge the Town, its officers, agents and employees of any and from all claims, demands, rights and causes of action of whatever kind of nature, arising from and by reason of any and all known, unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequence thereof, resulting from my child's participation in or in any way connected with the above named activity. In an emergency, I acknowledge that I am solely responsible for all medical and other costs arising out of bodily injury or any loss sustained through my child's participation in this activity. I authorize program staff to secure any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my child's immediate care. By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages, and losses of any type, which may occur to my child, and I hereby fully and forever release and discharge the Town, its officers, employees, and insurers including any self-insurance funds of the Town or the State of New York, from any and all claims, demands, damages, rights of action, present and future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of my child's participation in this activity. I understand that the acceptance of this release and waiver of liability by the Town shall not constitute a waiver in whole or in part of sovereign immunity by said Town, its members, officers, agents, and employees. I have read the above carefully before signing.

SIGNATURE OF PARENT/ GUARDIAN: _____

PRINT NAME: _____

DATE: _____

BICYCLIST

BIKE RIDERS MUST REPORT DIRECTLY TO THE MIDDLE SCHOOL CAFETERIA AND SIGN IN. AFTER SIGNING OUT, PARTICIPANTS MUST LEAVE THE BUILDING IMMEDIATELY. ANYONE FOUND WANDERING THE BUILDING OR IN AN AREA NOT APPROVED FOR USE BY THE TOWN OF PENDLETON YOUTH SUMMER RECREATION PROGRAM MAY BE DROPPED FROM THE PROGRAM.

Please indicate if your child has permission to ride his/her bicycle to and from the Town of Pendleton Youth Summer Recreation Program. ***(Applies only to children ages 12 and older)***. For safety reasons, children are encouraged to always wear a bicycle helmet to and from the Youth Summer Recreation Program.

YES _____

NO _____

**TOWN OF PENDLETON
2016 YOUTH SUMMER RECREATION PROGRAM
MEDICAL INFORMATION AND HEALTH RECORD**

This form must be completed and signed by Parent/Guardian for all persons participating in ANY Town of Pendleton Youth Summer Recreation Programs.

CHILD'S NAME: _____ DOB: _____

HOME ADDRESS: _____

PARENT/GUARDIAN(PRINT): _____

HOME PHONE: _____ CELL PHONE: _____

EMERGENCY CONTACT: _____

RELATIONSHIP TO CHILD: _____ PHONE: _____

FAMILY PHYSICIAN: _____ PHONE: _____

MEDICAL INSURANCE CARRIER:

POLICY/ GROUP NUMBER: _____

DATE OF MOST RECENT HEALTH EXAM: _____

DATE OF LAST TETANUS IMMUNIZATION: _____

**** PLEASE INCLUDE A COPY OF IMMUNIZATION RECORD ****

**** ALL MEDICATIONS (Including an EPI Pen) REQUIRE DOCTORS ORDERS****

PLEASE LIST CURRENT MEDICATIONS AND REASON FOR TAKING:

OPERATIONS AND SERIOUS INJURIES (with dates):

**TOWN OF PENDLETON
2016 YOUTH SUMMER RECREATION PROGRAM
MEDICAL INFORMATION AND HEALTH RECORD (continued)**

ILLNESSES

asthma bleeding/clotting disorder diabetes heart defect/disease
 hypertension musculoskeletal disorders seizures other (specify below)

ALLERGIES

animals food hay fever insect stings
 medicine plants pollen sun other (specify below)

OTHER HEALTH CONDITIONS

emotional disturbances menstrual cramps fainting hearing impaired
 wears glasses wears contact lenses other (specify below)

LIST ANY RESTRICTED ACTIVITIES

**TOWN OF PENDLETON
2016 YOUTH SUMMER RECREATION PROGRAM
MEDICAL ATTENTION AUTHORIZATION**

In an EMERGENCY, should it happen that we, the parents and/or guardians of _____ cannot be located promptly, HEREBY AUTHORIZE THE REPRESENTATIVE/SUPERVISING ADULT of the TOWN OF PENDLETON YOUTH SUMMER RECREATION PROGRAM to be my (our) agent in authorizing any hospital/physician deemed advisable by, and rendered under the general supervision of any licensed medical doctor on the staff of any hospital for my child/legal ward or myself.

Effective from (date): **JULY 12, 2016 through AUGUST 19, 2016**

SIGNATURE OF PARENT/GUARDIAN: _____

PRINT NAME: _____

DATE: _____

NOTE: If there is religious opposition to medical treatment or immunization, you must supply a written statement indicating the religious belief. This statement must be signed and dated.

SUNSCREEN PERMISSION

I WILL PROVIDE MY CHILD WITH DAILY SUNSCREEN IN A LABELED CONTAINER WITH HIS/HER NAME. I GIVE MY CHILD _____ PERMISSION TO SELF ADMINISTER HIS/HER OWN SUNSCREEN/INSECT REPELLANT.

SIGNATURE OF PARENT/ GUARDIAN: _____

PRINT NAME: _____

DATE: _____

THIS FORM MUST BE IN THE POSSESSION OF THE SUPERVISING ADULT AT ALL TOWN OF PENDLETON YOUTH SUMMER RECREATION ACTIVITIES IN CASE OF A MEDICAL EMERGENCY