

PLEASE READ AND COMPLETE ALL FORMS FOR EACH CHILD
2018 Hammondsport Area Summer Recreation Program
July 9th – August 9th Monday – Thursday 8am-12:30pm
Sponsored by the Towns of Urbana, Pulteney and Wayne
Summer Recreation will be held at Hammondsport Central School

The summer recreation program and summer swimming program offer daily activities including arts and crafts, sports, outdoor and indoor games, swimming lessons and a free breakfast and lunch program for all campers.

Registration requirements:

- Children must have attended Pre-K and be at least 5 yrs. old during the 2017-2018 school year.
- Space is limited. If a child is absent 6 days or more, they will not be able to participate so another child can attend.
- Registrations are due by Friday, June 22nd and can be returned to the Urbana Town Hall.
- All paperwork needs to be completed for **each** child.
- **All information must be filled out on the forms.**
 1. Swimming Registration
 2. Summer Recreation Registration
 3. Medical Form
- You must fill out the Medical Form for the swimming and summer recreation programs.
- The program is run as a swimming program first as being strong swimmers is a valuable skill. Other activities are offered in addition to swimming. If your child is not interested in swimming, we ask that they not sign up.
- Transportation will be limited and is still in the planning stages. All registrants will have a letter sent home from school.
- All children will be picked up from the Hammondsport Central School every day, not at the beach.
- **WE CANNOT ACCEPT ANY WALK-INS.**

Parent checklist for Recreation:

- Children should be dressed comfortably and have proper footwear for summer recreation. Children should have a swim suit, water shoes and towels for the swimming program.
- Shoes or sneakers for summer recreation. **No flip flops or sandals.**
- Label all personal belongings.
- Please be conscious and considerate of lesson times.
- A permission letter needs to be on file prior to the start of the program if your child is to walk home each day.
- A parent must sign their child out if they pick them up prior to the normal dismissal time.
- If there is a change of drop off location, a note must be sent in that day with your child.
- Parents will be notified if there is a discipline issue during the program and may result in removal from the program.

Cost of the Program: The Summer Programs are currently paid for in full by the Towns of Urbana, Wayne and Pulteney. We encourage and accept donations to help with the rising costs of this program. We encourage \$20.00 or more per child as it will help support and keep the programs running for our children and strengthen the community. A donation can be sent in with your registration forms or mailed directly to the Urbana Town Hall. Thank you in advance for your consideration and support.

IMPORTANT CONTACT INFORMATION:

Aquatics Director:	Trevor Parke	607-569-3743 ext. 1 607-664-6041
Summer Recreation Director:	Ann Stone	607-331-4209
Transportation:	Bill Fries	607-569-5200 Ext. 6

RETAIN THIS PAGE TO REFERENCE

2018 Summer Swimming Program Registration
Town of Urbana, Town of Wayne and Town of Pulteney

Dear Parents/Guardians:

The Summer Swimming Program provides swimming lessons for levels 1-6 by American Red Cross Certified Instructors. The Program will run from July 9th – August 9th 2018. The Summer Swimming Program is designed to provide children with the opportunity to learn the safety in and around water. Participants in the Program must have attended at least Pre-K this past year. Younger children may participate in swimming lessons if parents help supervise and provide transportation both ways. Participants in the program will receive Red Cross Certification for the completion and passing of their level. We urge your child to attend daily to receive the full benefit of the course requirements. Please contact your swimming lesson instructor if your child will be discontinuing the course or attending camps that will interfere with lessons. Discipline problems will result in removal from the Program.

Name of Participant: _____ Age: _____

Birth Date: _____ M _____ F _____ Current Grade: _____

Town of Residence: _____

Parent/Guardian: _____ Please Circle – Mother/Father/Guardian

Email: _____ Home Phone: _____

Address: _____

Where parent/guardian can be reached during the day: Work: _____ Cell: _____

Name of family physician/child's physician: _____ Phone: _____

I give permission for my child to attend the Summer Swimming Program from July 9^h – August 9th 2018. I have read the Requirements and the Parent Responsibilities Checklist, and my child and I agree to abide by all regulations.

Parent/Guardian Signature

Date

Parent/Guardian Name Printed

2018 Summer Recreation Program Registration
Town of Urbana, Town of Wayne and Town of Pulteney

Name of Participant: _____ Age: _____

Birth Date: _____ M _____ F _____ Current Grade: _____

Town of Residence: _____

Parent/Guardian: _____ Please Circle – Mother/Father/Guardian

Address: _____

Email: _____ Home Phone: _____

Where parent/guardian can be reached during the day: Work: _____ Cell: _____

Name of family physician/child's physician: _____ Phone: _____

Is your child going to daycare after Summer Recreation?

If yes, please provide the name, address and phone number of your provider:

If the daycare provider cannot be reached during Summer Recreation hours, please provide an emergency contact:

Name: _____ Phone Number: _____

I give permission for my child to attend the Summer Recreation Program from July 9th – August 9th 2018. I have read the Requirements and the Parent Responsibilities Checklist, and my child and I agree to abide by all regulations.

Parent/Guardian Signature

Date

Parent/Guardian Name Printed

Any additional information that will help us to get to know your child better:

2018 Medical Form

*******Must be submitted with Registration Forms
Please Complete Entire Form**

Due to NYS Department of Health Regulations, we are required to have a current Medical Form on file for your child to attend the program. Please have this form filled out in its entirety and return it with your registration. Children will not be allowed to participate without this form.

Child's Name: _____

Parent/Guardian Name and Emergency Number: _____

Please list two emergency contacts with phone numbers: _____

Doctor's Name and Phone Number: _____

Part 1: Illnesses and injuries (check those that apply and give appropriate dates)

Chronic or Recurring illnesses

- () Ear Infection () Bleeding/Clotting Disorders () Hypertension () Asthma
() Heart Defect/Disease () Musculoskeletal Disorders () Seizures () Diabetes
() Other (specify) _____

Date of last health examination _____

Since last health exam has participant had:

A serious injury requiring medical attention? _____ An illness lasting more than five days? _____

Any prescribed or over-the-counter medication? _____ A surgical operation or fracture? _____

Treatment in a hospital or emergency room? _____ Any restriction concerning physical activities? _____

Any exposure to a contagious disease? _____

Please explain any "yes" answers to the above question, include dates:

Part 2: Allergies (check those that apply)

And specify nature of allergic reaction).

- () Animals _____
() Pollen _____
() Medicines/Drugs _____
() Plants _____
() Hay Fever _____
() Food _____
() Insect Stings _____
() Other _____

I know of no reason(s), other than the information indicated on this form why my child should not participate in prescribed activities except as noted:

Dates are required by NYS Department of Health

Part 3: Immunization History

Immunization:	Month & Year Primary Series Completed	Month & Year of Last Booster
D.T.P.	_____	_____
Diphtheria	_____	_____
Influenza Type B	_____	_____
Hepatitis B	_____	_____
Chicken Pox	_____	_____
Pertussis	_____	_____
(Whooping cough)	_____	_____
Tetanus	_____	_____
TD	_____	_____
Measles	_____	_____
Mumps	_____	_____
Rubella	_____	_____
(German Measles)	_____	_____
Oral polio	_____	_____
HBPV	_____	_____
Tuberculin test (most recent) result	_____	_____
Other	_____	_____

If this child has a known complicating medical problem or has had an operation or serious illness since last health exam, written permission from a licensed physician is required. If the director is unable to locate either person designated to be notified in case of an emergency, Program Authorities may take such emergency measures as they deem appropriate and shall notify the parent or legal guardian as soon as possible.

Signature of Parent/Guardian: _____

Date: _____