

ALL SECTIONS MUST BE COMPLETED AND SIGNED

PHOTO RELEASE:

I hereby grant the Town of LaGrange permission to use my child's photograph, video picture and/or other digital reproduction of him/her or of his/her physical likeness for publication and/or promotional purposes of LaGrange Parks & Recreation activities.

_____ Accept _____ Decline

Parent/Guardian Signature _____ **Date** _____

PERMISSION/ AGREE TO HOLD HARMLESS:

As the participant signed below, knowing fully that the Town of LaGrange Parks and Recreation Department provides the program activity, and or special event and all aspects associated with these being; Facility(s), Instructor(s), Equipment and Supervision, I hereby: 1. Agree to furnish my own insurance in case of injury, 2. Assume all risks and responsibilities of possible injury involved with participating in this program, activity, and or special event, 3. Testify that I am in sound health and capable of participating in the registered program, 4. Further agree to indemnify and hold harmless the Town of LaGrange, Parks & Recreation Department or employees, to include volunteers, from liability resulting from my participation in this program, activity or special event.

Parent/Guardian Signature _____ **Date** _____

MEDICAL RELEASE/AUTHORIZATION:

In case of emergency, I hereby give permission to the medical personnel selected by the camp, in my absence, to act as my agent in securing proper medical treatment for my child as named above, including hospitalization, routine tests, X-rays and other medical treatment. Every possible effort will be made to contact parents in the event of an emergency.

Parent/Guardian Signature _____ **Date** _____

I give the Town of LaGrange and Recreation Staff permission to apply to my child the following topical ointments and treatments if needed while participating in our program:

- Neosporin or similar ointment: YES _____ NO _____
- Alcohol Wipes: YES _____ NO _____
- Deet-Free bug spray: YES _____ NO _____
- Sunscreen: YES _____ NO _____
- Sting Stop: YES _____ NO _____

Parent/Guardian Signature _____ **Date** _____





Town of LaGrange Parks & Recreation Department

120 Stringham Road

LaGrangeville, NY 12540

845-452-1972 www.lagrangeny.gov

Changing Lives...Inspiring Play...Fostering Teamwork!

CAMPER BACKGROUND FORM

Thorough information on this form will help us to serve your child better!

Use the back for any information that does not fit on the front.

Session: 1 _____ 2 _____ 3 _____

_____ Camper's Last Name Camper's First Name Nickname if any

Grade in Fall _____ Birthdate _____ School _____

Please list the members of your child's household and the relationship to them:

| Member | Relationship | Member | Relationship |
|--------|--------------|--------|--------------|
| | | | |
| | | | |

Has your child been to day camp before? _____ Where _____

Explain any significant losses or changes in the household or in you child's circle of friends, classmates and extended family:

What concerns, if any, do you have about sending your child to camp _____

Describe any habits, characteristics or phobias we should be aware of to help us better care for your child:

Explain any fears you or your child has about water: _____

List any food allergies your child has: _____

Please explain any special needs your child may have so we can be prepared to make their stay as comfortable as possible:

Does your child receive any special services during the school year? yes no If yes, please explain _____

As per amendments made in 2016 to the NYS DOH Children's Camp Code camps have been advised to "identify camper disability information (developmental and/or physical disabilities) during the camp's enrollment process..." In addition, camps are advised to determine if such children have an "individual treatment, care or behavioral plan that address a camper's unique physical, medical, behavioral, and/or social needs." Such a plan is not necessary, but if one exists the details should be shared with the camp. With regards to this now Code amendments we ask:

Does this child have a severe chronic disability attributable to (quoted from the Code) "mental retardation, cerebral palsy, epilepsy, autism or neurological impairment" as determined by a qualified practitioner with a relevant Master's Degree or Doctorate in Psychology? yes no

If yes, does your child have an individual treatment, care or behavioral plan? yes no