Town of LaGrange
PARKS & RECREATION

Office Use Only
___Med
___PAHH
___Photo

2015 Junior Staff in Training Registration Form

Please check the camp session (s) your child will be attending.

_____Session **1** (July 6-July 17)
_____Session **2** (July 20-July 31)
_____Session **3** (August 3-August 14)

**** This program for campers age 13 & 14 or entering 8th grade**

Child's Name: _____ **Age when camp begins**: _____

Child's Home Address: _____City: _____Zip:_____

Swim Level:_____ Gender:_____ DOB: _____

T-Shirt Size (please circle): YS YM YL AS AM AL AXL
(If no t-shirt size is selected an Adult Small will be given. We cannot guarantee shirt size availability.)

E-mail Address: (Will be used as communication for summer camp confirmation/important information)

Parent Name:_____ Parent E-mail:_____

PARENT/GUARDIAN #1:

Name:_____

Home Address:_____City:_____Zip:_____

Home Phone:_____ Cell Phone:_____ Work Phone:_____

Which number is best to call *first* during camp hours if we need to reach you? (Circle one): Home Cell Work

PARENT/GUARDIAN #2:

Name:_____

Home Address:_____City:_____Zip:_____

Home Phone:_____ Cell Phone:_____ Work Phone:_____

Which number is best to call *first* during camp hours if we need to reach you? (Circle one): Home Cell Work

***Is there any important court/custody information that needs to be shared with us? Yes _____No _____
(If YES, copies of court documents must be provided).

EMERGENCY CONTACT (If parent (s) cannot be reached) * This person MUST be over 18, have transportation and can pick up child within 30 minutes in the absence of parent contact.

Name:_____Relationship:_____Phone:_____

ALTERNATE PICK-UP LIST (If others are allowed to pick up child from camp, please list here):

Name:_____Relationship:_____Phone:_____

ALL 5 BULLETED SECTIONS MUST BE COMPLETED

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), Instructors (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 History:

A CURRENT MEDICAL PHYSICAL FORM INCLUDING IMMUNIZATION RECORDS MUST ACCOMPANY THIS FORM OR SENT TO THE RECREATION OFFICE FOR REGISTRATION.

- Are both records attached? _____Y _____N or faxed/e-mailed? _____Y _____N

Office Phone: 845-452-1972 Office Fax: 473-7079 Office E-mail: dlindo@lagrangeny.org

Please call the Recreation office to verify that we have received the camper's medical history form. **We cannot accept ANY registration without this information in hand.**

Please list below any medical condition, allergy or special requirements for the program participant:

_____

_____

PHYSICIAN NAME: _____PHONE: _____ADDRESS: _____

INSURANCE COVERAGE? (YES/NO) COMPANY NAME:_____ID#_____ ___

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 if needed while participating in our program:

Neosporin: YES_____ NO_____ Deet-Free bug spray: YES_____ NO_____ Sunscreen: YES_____NO_____

- **Parent/Guardian Signature _____Date_____**

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(Resident) **$200.00** X _____ session(s) = _____

(Eligible Non-Resident) **$250.00** X _____ session(s) = _____

Bus Transportation **$25.00** X _____ session(s) = _____

Total Amount Due $_____

Bus transportation is available for $25 per session with stops at Overlook School, Apple Valley Shopping Center (Walgreens end) and Noxon Elementary School.

Payment Received Date _____ Cash /Check # _____

Session Placement: Session 1 _____ Session 2 _____ Session 3 _____

Bus Stop: _____

PLEASE TELL US ABOUT YOURSELF

Name _____ **Age** _____

Why do you want to be a Jr. Staff in Training?

_____
_____
_____
_____
_____

Why do you think Parks & Recreation are important?

_____
_____
_____
_____
_____
_____
_____

What areas of Parks & Recreation do you want to learn more about for future employment possibilities?

_____
_____
_____
_____

What are your hobbies, interests?

_____
_____
_____
_____
_____

Have you been a camper before? Yes _____ No _____

If yes, where? _____
_____
_____
_____

What do you think are important qualities for staff in a Parks & Recreation setting?

_____
_____
_____
_____
_____
_____

Above must be filled out by SIT and must accompany registration paperwork.
Thank you for your interest in our Jr. SIT Program.