

# 2024 Gloversville Summer Recreation Program Registration Form

Open to children between the ages of 5-12 who reside in the GESD

Camp Dates: July 1, 2024 – August 23, 2024 • 9am-3pm

Drop off begins at 8:45am • Pickup by 3:15pm

\*Please include proof of residency and immunization record with application\*

## Child's Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Street Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Does this child attend any other summer programs? \_\_\_\_\_

If yes, dates and times of other program(s): \_\_\_\_\_

\*Please note: any child that is enrolled in another program will be placed on a waiting list to be considered after children who do not have any other programming scheduled have enrolled.

## Parent's Information:

Parent's Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Parent's Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

In addition to the guardians listed above, I give permission to the following people to pick up my child from camp:

Emergency Contact:

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Please list any of the following:

Current medications, medication allergies, food allergies, or chronic health concerns:

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**Please note:** Any medication that will be administered at camp must be provided in the original container with labeling AND with a patient-specific written order from the prescriber. Anything other than inhalers and epi-pens will be stored in a medical lockbox and children will be required to self-administer the medication.

I fully understand and acknowledge that each child must be able to self-medicate. All medications will be stored with the Camp Director and must have a doctor's order, be labeled correctly, and in their original container. Campers are not permitted to carry medication with them.

Any minor injuries that occur at camp will be treated with cold compress or bandages.

I fully understand and acknowledge that there are inherent risks and dangers in my participation and/or my child's participation in the city's recreational activities and that my participation and/or my child's participation in said activities and use of any equipment related to said activities may result in injury, illness or death and damage to personal property. I understand other participants, accidents, forces of nature or any other causes may result in risks and dangers, and I hereby accept those risks. In the event of an emergency, I hereby authorize treatment by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Emergency Department Physician) and I shall be responsible for the costs associated with that care. It is understood that reasonable efforts shall be made to contact the undersigned prior to rendering treatment, but that any treatments will not be withheld if the undersigned cannot be reached. I assume full responsibility for any medical treatment rendered.

Please consult your and/or your child's physician prior to you and/or your child's participation in any City of Gloversville's Recreation Program. If there are questions as to whether or not you or your child may be capable of participating in any activity sponsored by the City of Gloversville please contact the City Clerk at (518) 773-4542. In that you and/or your child have expressed a desire to participate in a City sponsored Recreation Program/Facilities, it is important that you and/or your child understand the goals and rules established for the Program. Each participant will have Rules of Conduct explained to him/her prior to the start of any activity. He/she must observe the rules as explained and accept the consequences of behavior modification if needed as outlined in the Recreation Handouts.

In signing this agreement, I acknowledge that I fully understand there are inherent risks and dangers associated with my and/or my child's participation in Recreation sponsored activities. I also understand and acknowledge my and my Child's participation in these activities and use of any equipment related to such activities may result in injury, illness or death and damage to personal property. I understand other participants, accidents, forces of nature or other causes may cause these risks and dangers and hereby accept those risks. I understand that my child and/or I may be photographed or videoed and my and my child's name may be used for publicity purposes for the City of Gloversville's Recreation Program and its sponsors/donors.

I hereby agree that my child and I will participate in City sponsored Recreation Program activities in accordance with the City's rules and regulations and acknowledge no physical or emotional issue which would prohibit me or my child from participation. I will notify the Staff of the City of Gloversville Recreation Program twenty four hours in advance of any changes in my child's physical condition that may impact his/her ability to participate in the Camp Activities. I agree to indemnify and save harmless the City of Gloversville from and against all claims, damages, losses and expense (including, but not limited to, attorneys' fees), arising out of my child and my participation in Recreation Commission sponsored events provided that any such claim, damage, loss or expense is not directly attributable to bodily injury, sickness, disease, or death, or to injury to or destruction of property caused by the negligent act or omission of the City, its agents or employees.

In signing this form, I agree and acknowledge to all rules and regulations listed above and swear to the accuracy of all information contained in this application.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**For Office Use Only:**

Completed Application Received: \_\_\_\_\_  
Immunization Record Received: \_\_\_\_\_  
Proof of Residency Received: \_\_\_\_\_  
Received By: \_\_\_\_\_  
Date: \_\_\_\_\_