

Day Camp Registration

Use this form for [Day Camp](#) and [Extended Care ONLY](#).

Use the Youth Registration Form on page 14 for all other Town of Cicero Youth Programs.

Parent/Legal Guardian: _____

Address: _____ City: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Emergency Contact Name & Number: _____

Participant Name	M/F	Birthdate	Age on 6/28/10	Extended Care?		Shirt Size*
_____	_____	_____	_____	AM	PM	_____
_____	_____	_____	_____	AM	PM	_____
_____	_____	_____	_____	AM	PM	_____
_____	_____	_____	_____	AM	PM	_____

***Shirts are guaranteed to those that register PRIOR to June 10th.**

Optional Section

Child's Ethnicity:

- White _____
- African American _____
- Hispanic/Latino _____
- Native American _____
- Asian _____
- Pacific Islander _____
- Two or More Races _____

Cicero Day Camp is licensed by the Onondaga County Health Department. The camp is inspected a minimum of twice yearly. Inspection reports concerning the camp is on file at:

Onondaga County Health Department
 Division of Environmental Health
 John H. Mulroy Civic Center, 12th Floor
 421 Montgomery Street
 Syracuse, NY 13202
 Telephone: (315) 435-6617

Circle the week(s) you are registering your child(ren) for:

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
6/28-7/3	7/6-7/9*	7/12-7/16	7/19-7/23	7/26-7/30	8/2-8/6
	*No Camp 7/5				

May we send your receipt and program information by e-mail? YES NO

If you circled YES, clearly print e-mail address: _____

Hard copies of all information will still be available to those that prefer using the mail.

I, _____, being the parent/legal guardian of the above named participant(s) accept full responsibility for any and all injuries which may arise out of his/her participation in programs offered by the Town of Cicero Youth Bureau, Parks & Recreation Department and hereby release the Town of Cicero, its agents and/or employees from any claims of any nature whatsoever arising out of my child(ren)'s participation. Consent is hereby granted to allow my child(ren) to participate in the Day Camp Program. Pictures and other materials which may include my child(ren) may be used by the Town of Cicero for promotional purposes. I agree not to drop my child(ren) off earlier than the program start time, and pick up my child(ren) by the program end time. I will adhere to any and all implemented policies and procedures or my child(ren) will be removed from the program. No refund will be issued. I have read, understand and agree to the above guidelines.

Parent Signature: _____ **Date:** _____

Refund Policy: No refunds will be given once a program begins. If a refund is requested before the program begins, a \$5 administrative fee, per participant will be deducted from the refund amount.

Office Use Only: Price: _____ Cash/Check #: _____ Receipt #: _____ Date Sent: _____

Day Camp Only

If your child needs medical, dental, health or hospital services, you as a parent must give permission. It is the law. What about times when you cannot be reached for permission? A child may be treated without parental consent when a physician demonstrates a true emergency exists. That means the doctor determines the child needs immediate medical care and that an attempt to obtain parental consent would result in a delay which would increase the risk to the child's life or health.

Except in a true emergency, care may be ordinarily rendered to a child only with the consent of the parent or legal guardian. Sometimes a child may need unexpected care which is not, however, a true emergency. In such cases, making an effort to contact a parent/legal guardian for permission can delay treatment and create unnecessary anxious moments for the child.

You can prepare for the unexpected care your children might need when you are away from home. To do this, make sure babysitters know how to reach you at all times. And when you know you will be hard to reach, you can give permission to other adults. They can then act for you by permitting your child to be treated if unexpected care is needed.

This is a legal document. With it you may appoint relatives, friends, teachers, clergy, neighbors - anyone who is over 18 years of age - to be responsible for your children when you are away from home. It is especially important to prepare this form for the occasions when you know it will be hard to contact you.

Fill out this form carefully. Have your signature witnessed by an adult different from the person you are making responsible for your children. After you complete this form, give it to the adult(s) you have named to act on your behalf. If your child needs unexpected medical treatment, the responsible adult(s) should present this document to the appropriate person - physician, dentist or hospital representative.

Authorization for Medical Treatment of Minors

Names of Minors Birthdate Identify allergies, medical conditions, etc

I/We being the parent(s)/legal guardian(s) of the above named minor(s) do hereby appoint:

NAME: Town of Cicero ADDRESS: PO Box 1517 Cicero, NY 13039 PHONE: 699-5233
NAME: ADDRESS: PHONE:

To act in my/our behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above named minor(s) during the period of my/our absence.

MONTH June DAY 28 YEAR 2010 THROUGH MONTH August DAY 6 YEAR 2010

This document shall be presented to a physician, dentist or appropriate hospital representative at such time as unexpected medical, dental, surgical care or hospitalization may be required.

PARENT/GUARDIAN

SIGNATURE: SIGNATURE:
ADDRESS: DATE: ADDRESS: DATE:

WITNESS

SIGNATURE: SIGNATURE:
ADDRESS: DATE: ADDRESS: DATE:

HOSPITALIZATION COVERAGE FOR THE ABOVE NAMED MINOR(S):

INSURANCE COMPANY OR GOVERNMENT PROGRAM: ID #:

FAMILY PHYSICIANS:

NAME & PHONE NUMBER: NAME & PHONE NUMBER: