



2009 REGISTRATION SMITH'S CLOVE PARK SUMMER BASEBALL CAMP



Camp Dates & Time:

Session 1: August 3rd through August 6th.
Make up rain date August 7

Session 2: August 24th through August 27th.
Make up rain date August 28

Time: Sessions are 9:00 AM to 2 PM

Fee Schedule:

Price for each 4-day session - \$120

Make checks payable to: **M.J.P.R.C.** (\$25 Service Fee for Returned Checks)

Registration Location:

AT SMITH'S CLOVE PARK PROGRAM ROOM
(Questions? Call Joe at 783-9108 Park Administration Office)

Registration Dates:

Monday – Thursday	May 11 to June 11	12:30 PM to 2:30 PM
Wednesday Evenings	May 13 to June 3	6:00 PM to 8:00 PM
Thursday, June 4		7:00 PM to 9:00 PM
Tuesday, June 9		7:00 PM to 9:00 PM
Saturday, June 13		11:00 AM to 1:00 PM
Late Registrations		TBA

***** REGISTRATIONS AFTER THE AFOREMENTIONED DATES ARE SUBJECT TO AVAILABILITY *****

- Each session runs for 4 days - Monday through Thursday with rain-date Fridays
- For ages 7-12 years old
- Children should bring a bag lunch and beverage
- Refunds may be requested until two weeks prior to each session, after which no refunds will be issued. \$50 of each registration is non-refundable

**2009 SMITH'S CLOVE PARK
SUMMER BASEBALL CAMP
APPLICATION & MEDICAL HISTORY**

PLEASE PRINT

Child's Last Name: _____ First : _____ Age _____

Family Address: _____

Child's Date of Birth: _____ Parent's Phone #: _____

Parent's Name: _____ **Park ID #** _____

Father's Cell: _____ Work Phone #: _____

Mother's Cell: _____ Work Phone #: _____

Emergency #1: _____ Name: _____

Emergency #2: _____ Name: _____

Doctors Name: _____ Doctors Phone # _____

Doctors Address: _____

E MAIL ADDRESS: _____ (will be used for park event notification only)

I certify that the above information is true and accurate to the best of my knowledge.

Name Parent or Guardian (PRINT)

Signature Parent or Guardian

Immunization Record: (Or attach a copy of **current** immunization records with stamp or signature.)

Dates:

Dates:

Mumps _____

German Measles _____

Measles _____

Diphtheria _____

Poliomyelitis _____

Tetanus _____

Hepatitis _____

Hemophilus Influenza Type b (Hib) _____

Hepatitis b _____/_____/_____

Varicella _____

Height _____ Weight _____

_____ or Copy Attached

Authorized Signature of Physician or Registered Nurse

Summer Program Topics	Dates	Start Time	End Time	Ages	Session My Child will be Attending
Session 1	Aug 3-6	9:00 AM	2:00PM	7-12	____ @ \$120
Session 2	Aug 24-27	9:00 AM	2:00PM	7-12	____ @ \$120

Totals _____ sessions @ \$120/session = \$ _____

CAMPER'S NAME (one camper only) _____

Any special information about this child to help assure his/her safety: attention deficit, learning or behavioral disorders, allergies, etc. (to be filled in by parent or guardian):

PLEASE LIST THOSE ADULTS OTHER THAN YOURSELF OR SPOUSE WHO COULD BE PICKING UP YOUR CHILD.

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>PHONE NO.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE INDICATE IF: YOUR CHILD **MAY NOT** BE RELEASED TO YOUR SPOUSE OR CHILD'S OTHER PARENT OR GUARDIAN, AND/OR A CUSTODY SITUATION THAT MAY COMPROMISE YOUR CHILD'S SAFETY. Indicate if this situation is court ordered.

PERMISSION TO WALK OR BIKE HOME (if yes, child can only leave at the end of the camp day)

YES _____ NO _____

PARENT'S/GUARDIAN'S SIGNATURE

DATE SIGNED

Please read and sign-off on the following Procedures and/Policies

1. Medication Procedures

Procedure to be followed in the event that a child requires Medication while participating in the program administered by the Monroe Joint Park Recreation Commission:

No child may carry on its person any medical substance while at the summer educational programs. In the event a child is required to ingest a medical substance that has been duly prescribed by a physician, the following procedure must be adhered to:

A) The parent and/or guardian of the child shall personally deliver the medication together with written instructions from the physician with respect to same to the Program Director. The written instructions shall include the following information:

1) Name of medicine, 2) Reason for medicine, 3) The dosage, 4) The time, 5) Number of days

- B) The medication must be in the container provided by a registered pharmacist and shall have the professional label affixed thereto.
- C) Under no circumstances is a child to keep medicine on his/her person during the Program.
- D) The parent or guardian must submit a written request to the Program Director to give the medicine as directed by the physician.
- E) Medication needs to be picked up by the parent and/or guardian of the child within three (3) Program days after the final dosage is given.

2. MANDATORY MEDICAL AWARENESS

(Please Sign to Acknowledge You Read This)

I, the undersigned, as parent and /or guardian of _____(child's name) understand that the Program administered by the Monroe Joint Park Recreation Commission may include an array of activities typically made available to children at educational seminar camps. The undersigned, as parent, legal guardian or person having legal custody of the child, does hereby grant permission to the Monroe Joint Park Recreation Commission, its servants or employees, to administer emergency first aid to my child in the event of an accident.

Read Carefully

- **All information must be completed and signed by the appropriate person.**
 - **PROOF OF RESIDENCY (TOWN OF MONROE) IS REQUIRED (Park Photo ID, Village or Town tax bill or Landlord's Name / Proof)**
 - **Updated and signed (by physician or registered nurse) immunization records are mandatory at the time of registration.**
 - **Request for refunds, must be received by July 20 for Session 1 and August 1 for Session 2, in writing. If granted, a \$50.00 process fee will apply.**
- Proof of guardianship may be required**

I, the undersigned, being the legal custodial parent/guardian of the above reference child certify that I have read the application and have answered all questions truthfully to the best of my ability and will abide by all policies and procedures as set forth;

PARENT'S/GUARDIAN'S SIGNATURE

DATE SIGNED

For Office Use	
Residency ___ Town	Payment Amount _\$ _____ / ___ of _____
___ Village	_____ Check
___ Harriman / Kiryas Joel	_____ Cash