



2009 SUMMER YOUTH PROGRAM APPLICATION

****INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED****

The City of Troy is sponsoring a **FREE** summer program for City Youth ages 9-13; the program will be held at the Frear Park Sports Facility, it will operate July 6 - August 14, 8:30 am to 4:30 pm. Weekly camps will include Culinary Lessons, All Sports, Swimming Lessons, Nutrition, Arts 'n Crafts and various Field Trips. Breakfast and lunch will be offered in conjunction with Rensselaer County Department for Youth Summer Food Program.

If you are interested, please fill out the attached application and return to:

Kristin Sweeter
Program Coordinator
847 River Street
Troy, NY 12180

Colleen Goldston
Assistant Coordinator
2601 Lavin Court
Troy, New York 12180

Child's Name _____
First Middle Initial Last

Address: _____
Number Street

City State Zip Code

Date of Birth: _____ Gender: M F

Phone: _____ Nickname: _____

Please X Which Week(s) Your Child Will Attend

7/6-7/10

7/13-7/17

7/20-7/24

7/27-7/31

8/3-8/7

8/10-8/14

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Ethnicity: (Please Circle One)

African American

Asian

Caucasian

Hispanic

Latino

Bi-Racial

Native American

Puerto Rican

Other: _____

Physical description:

Eye Color: _____ Hair Color: _____ Skin Color / Features: _____
Height: _____ Weight: _____

<p style="text-align: center;">PRIMARY CONTACT</p> Relationship to Member:(Parent 1) _____ Name: _____ Address:(Home) _____ Phone: (Home) _____ Employer: _____ Address:(Work) _____ Phone: (Work) _____ Email: _____	<p style="text-align: center;">SECONDARY CONTACT</p> Relationship to Member:(Parent 2) _____ Name: _____ Address:(Home) _____ Phone: (Home) _____ Employer: _____ Address:(Work) _____ Phone: (Work) _____ Email: _____ <input type="checkbox"/> This person can pick up my child. (Please Check)
<p style="text-align: center;">EMERGENCY CONTACT</p> Relationship to Member: _____ Name: _____ Address:(Home) _____ Phone: (Home) _____ Employer: _____ Address:(Work) _____ Phone: (Work) _____ Email: _____ <input type="checkbox"/> This person can pick up my child. (Please Check)	<p style="text-align: center;">EMERGENCY CONTACT</p> Relationship to Member: _____ Name: _____ Address:(Home) _____ Phone: (Home) _____ Employer: _____ Address:(Work) _____ Phone: (Work) _____ Email: _____ <input type="checkbox"/> This person can pick up my child. (Please Check)

General Disclaimer:

I, _____ do hereby give my child (ren) permission to attend and participate in activities sponsored by the City of Troy. I also give the staff members of the Frear Park Summer Program and the City of Troy permission to include my child in any (and all) programs or activities of interest, which occur in the unit and off-site. I hereby release the City of Troy, its employees, associates and contributors from liability for any injury, loss or theft incurred by my son/daughter while participating. Please note that members are responsible to safely handle the City of Troy's property. If a child purposefully breaks, damages, or steals any City property (computers, game equipment, recreational supplies, tables, chairs, glass doors, etc.) it is the responsibility of the parent/guardian to make financial retribution for the full amount of said item(s). Payment arrangements must be set up for damaged property, and children will not be able to return to the program until arrangement is paid in full. Furthermore, I have read, understood, and signed all of the preceding releases included within this application, and I insure that my child(ren) have had the opportunity to read and understand the rules of the Summer Park Program. My signature indicates that I completely understand the above statement.

Name of Parent / Guardian (Please Print)

Signature of Parent/Guardian

Date

Signature of Witness

Date

Medical Information:

Primary Physician: _____ Phone: _____

Physicians Address: _____

Permission for Treatment by Doctor / Hospital: ___ Yes ___ No **Medicaid:** ___ Yes ___ No

Does your family have Health and/or Accident Insurance: ___ Yes ___ No

Insurance Carrier: _____

Policy #: _____ Group#: _____

Date Health Info Received: _____

Does your child have any Serious Health Problems? ___ Yes ___ NO

If Yes, please list: _____

Does your child currently take any Medications? ___ Yes ___ NO

If Yes, please list: _____

Medical Release:

In the event of an emergency, every effort will be made to contact parents, guardians, or designated emergency contact persons. If _____ should need emergency medical treatment while attending the program, and neither I nor the persons designated as my emergency contacts can be reached, I hereby authorize the program staff of the Frear Park Summer Program and or the staff members of the City of Troy to give consent for such emergency medical care and, if necessary, to bring him/her to the nearest emergency room. I understand that a staff member will remain with him/her. In the event that time permits, I would prefer that he/she be taken to

Name of Preferred Hospital

Signature of Parent/Guardian

Date _____

Signature of Witness