

July 1, 2024 – August 23, 2024



2693 Main Street, Suite 208
 Lake Placid, NY 12946
 P: 518-523-2591
 F: 518-523-4997
 Email: cgeesler@northelba.org

Date of registration _____
<https://campplacid.wixsite.com/lpyc>

Child's Information

Child's name (first/middle/last) _____
 Name called _____
 Address _____ City _____ Zip _____
 Male Female Birth date _____ Age _____
 Grade _____ School _____
 Camper is a: Non-swimmer Beginning swimmer Intermediate swimmer
 Special accommodations (provide additional information if necessary) /Requests _____

Family Information (Please check who you would like to be reached in case of emergency)

Mother/guardian's name _____ Employer _____
 Home address _____ City _____ Zip _____
 Home # _____ Work # _____ ext. _____ Mobile # _____
E-mail address _____

Father/guardian's name _____ Employer _____
 Home address _____ City _____ Zip _____
 Home # _____ Work # _____ ext. _____ Mobile # _____
E-mail address _____

Child Release Authorization

The Lake Placid Summer Recreation Program is authorized to release my child to the following individuals who may pick up my Child from the Day Camp. I understand that each authorized person must be at least sixteen years old and that **my child will NOT be permitted to leave camp with anyone not listed below**. All authorized persons may be required to show identification and will sign the child out each day.

Name: _____ **Relationship to child:** _____
 Home # _____ Work # _____ ext. _____ Mobile # _____

Name: _____ **Relationship to child:** _____
 Home # _____ Work # _____ ext. _____ Mobile # _____

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HEALTH FORM

Child's Information

Child's name (first/middle/last) _____
Address _____ City _____ Zip _____
 Male Female Birth date _____ Age _____
 Mother/guardian's name _____
Home # _____ Work # _____ ext. _____ Mobile # _____
 Father/guardian's name _____
Home # _____ Work # _____ ext. _____ Mobile # _____

School attended this year. _____

Health Information

Please print clearly

Please check all that apply to this camper:

- | | |
|--|--|
| <input type="checkbox"/> Deaf or hard of hearing | <input type="checkbox"/> Developmental disability (i.e., autism, mental retardation, etc.) |
| <input type="checkbox"/> Legally blind | <input type="checkbox"/> Attention deficit hyperactivity disorder (ADHD) |
| <input type="checkbox"/> Uses mobility aide (i.e., wheelchair, braces, etc.) | <input type="checkbox"/> Behavioral/emotional disorder |
| <input type="checkbox"/> Other health concerns (please elaborate) _____ | |

Camper currently takes medication? If yes, name the medication, dosage, time(s) given and doctor's name _____

Camper requires special health care (i.e., inhaler, Epi-pen, etc.)? If yes, please explain _____

Camper has allergies? If yes, please specify _____

Child's doctor _____ Doctor's phone _____

Child's dentist _____ Dentist's phone _____

Please note: An up-to-date immunization form is to be submitted with each application. Forms can be faxed from your doctor's office to; 518-523-4997.

Emergency Information In the case of emergency, please contact the following first:

Mother/guardian Father/guardian

If mother, father or guardian cannot be reached, call:

Name _____ Relationship to child _____

Home # _____ Work # _____ ext. _____ Mobile # _____

Name _____ Relationship to child _____

Home # _____ Work # _____ ext. _____ Mobile # _____

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Youth Programs Policy

Please read each of the following policies and sign below to indicate your understanding of these policies.

Eligibility:

1. To be eligible to attend Camp Placid you must be either a full-time resident of the Town of North Elba, a tax paying property owner, or work in the Town of North Elba.
2. All campers must provide medical records before they are allowed to attend the program.

Waivers/Permissions:

1. I permit my child to participate in activities the Lake Placid Summer Recreation Program conducts outside the North Elba Show Grounds facilities/Lake Placid High School/Elementary School.
2. **Field Trips** – I permit my child to leave the North Elba Show Grounds/ Lake Placid High School/Elementary School on authorized trips under the supervision of the Lake Placid Summer Recreation staff. I may review a weekly written schedule of activities to be conducted off the North Elba Show Grounds premises.
3. **Photography** – I permit the North Elba Park District to use images of my child as a Lake Placid Summer Recreation program participant in internal and external promotional material. This includes any printed material, broadcast and print advertising, promotional videos and the Town of North Elba web site which are produced or published by the North Elba Park District. I also permit the North Elba Park District and/or the media to use images of my child in broadcast and print media news coverage of the Lake Placid Summer Recreation program. I understand that my child’s name is not published.

Sign below:

I hereby give permission _____

I do not give permission _____

Important Information

4. Each camper must bring to camp every day:

- Bagged lunch that does not require refrigeration (bagged lunch is provided but there is always an option to pack your own)
- Bathing suit
- Beach towel
- Sunscreen
- Water bottle
- Sneakers (sandals or other opened-toe shoes are only permitted at the beach)
- Jacket
- Extra snack

5. Please be sure to read the Lake Placid Summer Recreation program’s child release procedure and list who you want authorized to pick up your child. Remember, for your child’s safety and protection, if the person is not on your list, we won’t release your child from camp.

6. **Attendance:** Although it is not required that your child attend camp daily, we do ask that he or she try to come as often as possible to establish a relationship with the counselors and other campers.

Medical Treatment Policies

8. **Medication** – The staff at the Lake Placid Summer Recreation Program does not normally administer any medication and will do so only when directed in writing by the child’s parent or guardian, however, in the event of an emergency in which the parent cannot be contacted, Emergency Medical Staff may take appropriate action in the best interest of the child.

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9. **Treatment Procedures** The appointed medical staff, who are under the direction of an offsite camp medical director, are responsible for overseeing all basic first aid and health care for campers as well as the monitoring and caring for campers with existing medical conditions and the handling of any medical emergencies. The appointed staff members have use of a fully-stocked first aid kit containing material for basic first aid, and are trained for responding to emergencies. All staff members are trained in community first aid.

Program Policies

10. Child Drop-off/Pick-up Policy – The Lake Placid Summer Recreation Program operates from **9:00 a.m. to 4:00 p.m.** during weekdays. An early drop-off option of **8:00 a.m.** and a late drop off option of **4:30 p.m.** will be offered. We greatly appreciate our parents' courtesy of making sure that their child is dropped-off and picked-up during our established camp hours.

11. **Inclement Weather** – The Lake Placid Summer Recreation Program will operate during inclement weather. The camp will remain on-site within the North Elba Show Grounds facility.

I have read and understand all the policies stated above.

Parent/guardian signature _____ Date _____

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**CAMP PLACID
PERMISSION SLIP**

I hereby give permission for camper, _____, to travel with Camp Placid to the **Mirror Lake Public Beach** every **Tuesday and Thursday from July 9th through August 20th, 2024**. The campers will be bused from the Lake Placid Horse Show Grounds to the beach accompanied by staff.

WAIVER/RELEASE OF LIABILITY
PLEASE READ CAREFULLY BEFORE SIGNING.
**THIS IS A RELEASE OF LIABILITY AND WAIVER OF
CERTAIN LEGAL RIGHTS.**

I, _____ as the parent or legal guardian of the child listed on this application agree and understand that swimming is a hazardous activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to, paralyzing injuries and death. The parent/guardian hereby agrees to release and hold harmless Town of North Elba, Camp Placid, its director, counselors, administrators and employees against any liability resulting from any injury that may occur to the participant while participating in swimming activities. The parent/guardian also agrees to waive and release Town of North Elba and Camp Placid for any damages incurred arising from any claims, demand, action or cause of action by the participant. The parent/guardian authorizes any representative of Town of North Elba, Camp Placid to have the participant treated in any medical emergency during their participation in swim activities. Further, the parent/guardian agrees to pay all costs associated with medical care and transportation for the participant.

**I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT
WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.**

By way of copy of this form, I authorize the staff of the Town of North Elba Park District to obtain medical/hospital treatment for the above participant in the event of an emergency.

Parent/Guardian Signature

Date

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CAMP PLACID PERMISSION SLIP

I hereby give permission for camper, _____, to have **Bug spray/Sunscreen administered by the Camp Placid staff**. Bug spray/Sunscreen should be administered by the parent or guardian before the camper arrives at camp in the morning. If additional Bug spray/Sunscreen is needed, the staff will then administer to the camper.

WAIVER/RELEASE OF LIABILITY
PLEASE READ CAREFULLY BEFORE SIGNING.
THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.

I, _____ as the parent or legal guardian of the child listed on this application agree and understand that Bug spray is indicated for the topical prevention of infections transmitted by bites of insects or infestations by insects or other arthropods. The parent/guardian hereby agrees to release and hold harmless Town of North Elba, Camp Placid, its directors, counselors, administrators and employees against any liability resulting from any injury that may occur to the participant after administering Bug spray/ Sunscreen. The parent/guardian also agrees to waive and release Town of North Elba and Camp Placid for any damages incurred arising from any claims, demand, action or cause of action by the participant. The parent/guardian authorizes any representative of Town of North Elba, Camp Placid to have the participant treated in any medical emergency if a reaction to the Bug spray/ Sunscreen occurs. Further, the parent/guardian agrees to pay all costs associated with medical care and transportation for the participant.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

By way of copy of this form, I authorize the staff of the Town of North Elba Park District to obtain medical/hospital treatment for the above participant in the event of an emergency.

Parent/Guardian Signature

Date