

CAMPER NAME: _____

OFFICE USE ONLY:

DATE: _____ ACCOUNT BALANCE: _____ STAFF INITIALS: _____ (INITIAL EACH)

DATE: _____ AMOUNT PAID: _____ BALANCE: _____ STAFF: _____

DATE: _____ AMOUNT PAID: _____ BALANCE: _____ STAFF: _____

DATE: _____ AMOUNT PAID: _____ BALANCE: _____ STAFF: _____

DATE: _____ AMOUNT PAID: _____ BALANCE: _____ STAFF: _____

DATE: _____ AMOUNT PAID: _____ BALANCE: _____ STAFF: _____

DATE: _____ AMOUNT PAID: _____ BALANCE: _____ STAFF: _____

DATE: _____ AMOUNT PAID: _____ BALANCE: _____ STAFF: _____

DATE: _____ AMOUNT PAID: _____ BALANCE: _____ STAFF: _____

PLEASE READ CAREFULLY AND INITIAL

INITIAL

_____ **Emergency Permission:** In the event of a serious emergency, I give permission for my child to be taken to the nearest hospital for treatment including any necessary diagnostic test/exams. I understand that every attempt to reach me will be made prior to taking my child to the hospital.

_____ **Medication Permission:** In the event that my child needs his/her medication, I give permission to the Camp Medical Director/Nurse to administer the necessary medications. I understand that I will be notified by the Camp Nurse in the event my child needs his/her medications.

_____ **Permission to participate and swim:** I give permission for my child to participate in all swim sessions during Watkins Glen Summer Recreation 2023 Program.

_____ **Permission to Walk/Bike Home:** I give permission for my child to walk/bike home from camp, grades 5 & 6 only. Younger siblings may go with older.

_____ **Sunscreen Permission:** I consent to have my camper carry and use sunscreen she/he has brought to camp, which is FDA approved for the over-the-counter use to avoid overexposure to the sun.

_____ I consent to have a day camp staff member assist with the application of sunscreen when my child is unable to do so, or if my child requests assistance.

_____ **Permission to roller skate:** I give permission for my child to participate in any roller skate activities during Watkins Glen Summer Recreation 2023 Program.

_____ **Photo Release:** I consent that any photography or video of myself and/or my child having to do with Watkins Glen Summer Recreation 2023 Program and other programs can be used for publicity, promotion or showing.

_____ **General Release:** I hereby agree to hold harmless the Village of Watkins Glen, the respective Board of Trustees thereof, the agents, employees and volunteers from any claim whatsoever, for property or personal damage that I/my child may sustain as a result of his/her participation in the activities of the Watkins Glen Summer Recreation 2023 Program, including swimming, field trips and/or other events sponsored in conjunction with the Watkins Glen Recreation Department.

Signature of Parent/Guardian: _____ Date: _____

Print name of Parent/Guardian: _____

Print Campers name: _____