

NEWCOMB SUMMER YOUTH PROGRAM 2010

DEAR PARENTS/GUARDIANS:

The members of the staff of the Newcomb Youth Program and Commission wish to invite your children to attend and take part in a well rounded program of activities for the summer months. The program activities will take place at the Newcomb Town Beach and surrounding areas. Following is a list of details regarding program policy.

Please have the registration packet completed and returned no later than June 23rd.

There will be an important parent meeting to be held Friday, July 2, 6:30pm at the Town Beach Pavillion. Daily schedules, trips, rainy day plan, staff contact list and general information will be presented and questions fielded.

There will also be an orientation session for the Infant and Preschool Aquatic Program.

1. DATES: Monday, July 5, 2010 through Thursday, August 12, 2010.

2. TIMES: 10:00 a.m. to 3:30 p.m. - Monday through Friday.

3. ELIGIBILITY REQUIREMENTS:

Any youth aged 5 on or before December 1st who has completed one year of a Kindergarten program through 21 years of age. Special programs for infants and preschoolers will be available beginning with 4-5 year olds on Wednesday, July 7, 2010.

4. INFANT AND PRESCHOOL ACQUATIC PROGRAMS:

Four and five year olds: who are not eligible for the full day camp may participate in the program offered on Mondays, Wednesdays and Fridays from 2:15-3:00pm.

Infants - 6 months to toddlers up to 4 years: WITH A PARENT. Participation in this program requires that each child be accompanied by a parent or guardian during the swim lesson, offered on Tuesdays, Thursdays and Fridays from 2:15-3:00pm.

Registration for these two programs includes completion of all forms required by regular participants. Forms must be in by June 23rd. There will not be any class for preschool or infants on rainy days. If cancellation is in question, call the Town Beach.

5. ACTIVITIES:

Swimming, hiking, camping, sailing, canoeing, kayaking, various games, nature study, arts and crafts, and special trips will be offered.

6. TRANSPORTATION: **Note Goodnow Flow changes**

The bus will only be picking up and dropping off campers at designated bus stops. These stops will be indicated by NYP Bus Stop signs. There will be no bus stop monitors. The Youth Program does not assume liability for your children until they are on the bus. Campers that live on 28N will be picked up at their house on their side of the road. Parents/Guardians who bring campers in the morning may **not** bring them prior to **9:45**. Leaving the program early at any time requires a note signed by a parent or guardian. All children will leave for home at 3:30 p.m. On rainy days there is the possibility of dismissal between 1:00 p.m. and 2:00 p.m. Parent contact will be attempted if this occurs.

There will need to be a minimum of five campers using the van for transportation to be provided from Goodnow Flow.

The stops will be as follows:

Approx 9:15 East end of town beginning at Tahawus;

By bus Santanoni Drive & 28N;
Winebrook Circle;
End of Marcy Lane – Anello’s driveway;
Sanford Lane and Henderson Lane;
Sanford Lane and Adams Lane;
Campsite Road and 28N;
Chaisson Road and 28N;
Dillon Road and 28N;
Fennessy Lane and 28N;
Spring St.: *at the corner of Pine Tree Rd. Goodnow Flow Rd.*
Pine Tree Rd. and 28N

Approx 9:30 Goodnow Flow at the Woody’s Rd. bulletin board;
By town van: Minimum of five campers needed for van to run

7. EACH CHILD NEEDS:

A lunch, swim suit, beach bag and a marked towel, warm clothes, sneakers (a must for running), raingear when appropriate and extra fluids.

8. REGISTRATION: Please complete and return the following to Newcomb Town Hall, P.O. Box 405, Newcomb, NY 12852 **by June 23**

- Registration form with photo
- Medical release and medication form
- Copy of current physical exam (within 1 year) & current immunization records

This record must be submitted annually, to ensure the records are current.

The immunization record should detail your child’s receipt of the following vaccinations: Diphtheria, Tetanus and Pertussis (DTaP, DTP, DT, Td, Tdap); Hepatitis B (Hep. B or HBV); Haemophilus influenza type b (Hib); Polio (IPV or OPV); Measles, Mumps, Rubella (MMR); Chickenpox (Varicella)

Newcomb Central School Students Please Note: You may obtain a copy of your school or sports physical exam by contacting Denise Bolan at school 582-3341. Please keep in mind that all students do not get a school physical every year, but it is the policy of the Newcomb Youth Commission for all campers to have an updated physical.

Out of town students: You may submit a current copy of your school or sports physical or one from your health care provider. A physical form is included.

Anyone planning to attend the program must be registered ***by June 23*** in order that the Staff and Director can place the applicant in the proper group and familiarize themselves with any pertinent information. Anyone who is attending as a visitor and guest of a participant must pre-register (must allow at least 24 hour notice) also and must be in attendance with that person. Incomplete forms will prevent the child from attending camp.

9. INSURANCE:

The program is covered by liability insurance but does not have an individual accident policy. Municipalities cannot purchase this type of medical insurance with public funds.

10. TRIPS:

Only pre-registered participants may attend overnights or out of camp trips. It is required that they attend the program for a minimum of 5 days prior to the trip. This will be at the discretion of the Program Director based on camper skills & abilities. For canoe trips, the participant must be able to pass a canoeing test based on the outlined canoeing information. Due to current land use restrictions the three day trips will be limited to a specified number of participants. All 3-Day Hikers must attend trial hike to be announced by the Trip Leader

11. COSTS:

Trip costs will be determined before each trip. There may be charges for special activities.

12. N.Y.S. HEALTH AND SAFETY REGULATIONS:

There will be unannounced Health Department inspections at the Town Beach during the program. The Youth Program has a permit to operate from the N.Y.S. Department of Health on St. Bernard Street, Saranac Lake, NY 12983. Any parent has a right to inspect the Newcomb Youth Program at the Town Beach.

The Newcomb Summer Youth Program is sponsored by our Town Board and the New York State Division for Youth through the Essex County Youth Bureau.

13. ASSUMPTION OF RISK:

Participation in the Newcomb Youth Program exposes all participants to the possibility of injury or even death. Your signature on the registration form acknowledges that such risks exist as a result of your child's participation during program activities, and out of camp trips and during the transportation of your child for such trips or activities.

14. DISCIPLINE POLICY:

TO ENSURE THE SAFETY OF ALL PARTICIPANTS, THE FOLLOWING DISCIPLINARY ACTIONS WILL BE TAKEN BY THE DIRECTOR OR ASSISTANT DIRECTOR IN THE FOLLOWING CASES:

INAPPROPRIATE LANGUAGE, DISOBEDIENCE, INSUBORDINATION TO STAFF, EXCESSIVE DISRUPTIVENESS, FIGHTING AND/OR DANGEROUS BEHAVIOR.

FIRST OFFENSE.....NOTIFICATION TO PARENT
CHILD NOT ALLOWED TO PARTICIPATE ON
NEXT TRIP OR SPECIAL ACTIVITY

SECOND OFFENSE.....NOTIFICATION TO PARENT
CHILD NOT ALLOWED TO PARTICIPATE IN
THE YOUTH PROGRAM FOR ONE DAY

THIRD OFFENSE.....NOTIFICATION TO PARENT
CHILD NOT ALLOWED TO PARTICIPATE IN
THE YOUTH PROGRAM FOR ONE WEEK

INFRACTION OF TRIP RULES WILL RESULT IN INELIGIBILITY FOR REMAINING TRIPS. ALL DISCIPLINE CASES MUST BE REPORTED TO THE DIRECTOR OR ASSISTANT DIRECTOR TO BE LOGGED. THE PRECEDING POLICY WILL BE ADMINISTERED AT THE DISCRETION OF THE DIRECTOR.

2010 Newcomb Summer Youth Program Registration

Please check to see the following are completed and returned by June 23:

- Completed Registration Form & photo – Pg. 4
- Completed Signed Medical Information & Release – Pg. 5
- Completed Signed Medication Form (if applicable) – Pg. 6
- Copy of current Immunization record
- Current physical from physician or school physical (within 1 year)

Have a wonderful summer!!!

Send completed forms to:
Town of Newcomb
Newcomb Youth Program
P.O. Box 405
Newcomb, NY 12852

If you have any questions, please call the Town Hall at 582-3211

NEWCOMB SUMMER YOUTH PROGRAM
REGISTRATION FORM

TO PARENTS OR GUARDIANS:

Please fill in the following registration form as completely as possible. It is preferred that parents or guardians fill it out. This is not intended to eliminate the participant but to inform the staff for safety purposes. The information will be kept in strictest confidence. Final decision of attendance will be made by the Director or his/her appointed representative. ***Please attach a current photograph for our records.** This can help in case of a lost child.

CHILD'S NAME _____

AGE _____ DATE OF BIRTH _____

PARENT OR GUARDIAN _____

CAREGIVER IF OTHER THAN ABOVE _____

LOCAL ADDRESS _____

MAILING ADDRESS _____

LOCAL TELEPHONE _____ HOME PHONE (IF DIFFERENT) _____

SWIMMING LEVEL PARTICIPANT HAS COMPLETED _____

PLEASE INDICATE IF YOUR CHILD WILL BE RIDING THE BUS: YES NO

IF YOUR CHILD WILL NOT BE ATTENDING FOR THE WHOLE PROGRAM, PLEASE LIST THE TIME PERIOD THEY WILL BE ATTENDING: _____

In the event of early dismissal, the name and telephone number of the person responsible for my child in my absence is:

NAME: _____ TELEPHONE: _____

This person MUST show identification when picking up child.

Please tape a current photo of the above child in the box below:

MEDICAL RELEASE & INFORMATION

If the registrant has had any of the following medical problems, please indicate by placing a check beside the appropriate word.

- | | |
|---|---|
| <input type="checkbox"/> HEART CONDITION OF ANY KIND | <input type="checkbox"/> EASY DISLOCATION OF JOINTS |
| <input type="checkbox"/> ASTHMA | <input type="checkbox"/> DIABETES |
| <input type="checkbox"/> RHEUMATIC FEVER | <input type="checkbox"/> EPILEPSY |
| <input type="checkbox"/> HIGH OR LOW BLOOD PRESSURE | <input type="checkbox"/> BACK/SPINAL DISORDERS |
| <input type="checkbox"/> DIZZINESS OF ANY TYPE | <input type="checkbox"/> HEARING IMPAIRMENT |
| <input type="checkbox"/> LUNG OR RESPIRATORY PROBLEMS | <input type="checkbox"/> BLEEDING DISORDER |
| <input type="checkbox"/> ALLERGIES/ALLERGIC REACTIONS | <input type="checkbox"/> VISION IMPAIRMENT |
| <input type="checkbox"/> LOSS OF ANY PAIRED ORGAN | <input type="checkbox"/> GASTROINTESTINAL DISORDER |
| <input type="checkbox"/> CONVULSIONS | |
| <input type="checkbox"/> ALLERGIC TO BEE STINGS | |
| <input type="checkbox"/> OTHER(Specify) _____ | |

If you have checked any of the above, please give an explanation of this problem below for the safety of this child and the Program.

In the event I cannot be reached in an EMERGENCY, I hereby give permission to the medical provider selected by the Newcomb Youth program to evaluate, treat and/or hospitalize in an accredited hospital and to X-ray, treat, order injections, anesthesia or surgery to the child.

INSURANCE COMPANY _____

INSURANCE ID# _____ GROUP# _____

SUBSCRIBER NAME _____

FAMILY PHYSICIAN _____ PHONE _____

SIGNATURE OF PARENT OR GUARDIAN _____

MEDICATION FORM - To be completed by child's health care provider if applicable

Any medications that need to be administered during the Program hours or on overnight trips must be given to the Director with a physician's or other licensed prescriber's specific directions. The child must be able to self-administer the medication. These medications will be kept in a locked secured facility.

CHILD'S NAME _____

MEDICAL CONDITION _____

MEDICATION _____

DOSAGE, FREQUENCY & RATE OF ADMINISTRATION _____

TIME TO BE TAKEN DURING PROGRAM HOURS _____

DURATION OF TREATMENT _____

POSSIBLE SIDE EFFECTS OR ADVERSE REACTION _____

OTHER RECOMMENDATIONS _____

NAME OF LICENSED PRESCRIBER & TITLE (print) _____

PRESCRIBER'S SIGNATURE _____

ADDRESS _____ PHONE _____

We (Licensed prescriber's signature) _____ and

(Parent/Guardian signature) _____ attest that

(child's name) _____ is self-directed and has been instructed

in the proper use of the following medications/procedures.

ANY MEDICATIONS THAT NEED TO BE ADMINISTERED DURING PROGRAM HOURS OR ON OVERNIGHT TRIPS MUST BE GIVEN TO THE DIRECTOR WITH A PHYSICIAN'S SPECIFIC DIRECTIONS. THESE MEDICATIONS WILL BE KEPT IN A LOCKED SECURITY FACILITY. PLEASE FILL OUT THE MEDICATION FORM ON THE NEXT PAGE.

Campers should be able to self administer their medications. The Director, Asst. Dir. or First Aid Specialist may assist self-directed campers taking oral, topical or inhalant medications.

We/I give the above registered child authorization to attend the Newcomb Summer Youth Program, realizing there is not any medical insurance coverage. We/I hereby agree to assume any and all responsibility and liability in connection with this Program as same pertains to the child listed herein. We/I further agree to save the Town of Newcomb and its employees harmless from any claims and lawsuits in connection with the Program.

CHILD'S NAME _____ DATE _____

SIGNATURE OF PARENT OR GUARDIAN _____

**Newcomb Youth Program
Camper Health Appraisal**

Name of Camper: _____

Date: _____ **Age:** _____ **Date of Birth:** _____

Address: _____

Phone #: _____

Immunizations

	Date	Date	Date	Date	Date	Date
DTaP						
dT or Td						
Tdap						
OPV/IPV/eIPV						
HIB						
Hep B						
Varicella						
MMR						
Other						

Significant Medical/Surgical History:

Has your child had or does he/she now have:

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Back Injury/Back problems	<input type="checkbox"/>	<input type="checkbox"/>	Bladder/Kidney Disease
<input type="checkbox"/>	<input type="checkbox"/>	Muscular problems	<input type="checkbox"/>	<input type="checkbox"/>	Skin problems
<input type="checkbox"/>	<input type="checkbox"/>	Head injury	<input type="checkbox"/>	<input type="checkbox"/>	Headaches
<input type="checkbox"/>	<input type="checkbox"/>	Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy/seizures
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid problems
<input type="checkbox"/>	<input type="checkbox"/>	Ear/Hearing problems	<input type="checkbox"/>	<input type="checkbox"/>	Eye/Vision problems
<input type="checkbox"/>	<input type="checkbox"/>	Chronic cough	<input type="checkbox"/>	<input type="checkbox"/>	Asthma
<input type="checkbox"/>	<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Stomach/Bowel problems
<input type="checkbox"/>	<input type="checkbox"/>	Emotional problems	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric problems

Explanation of any above information:

Allergies: None Food Insect Seasonal Medication

Please specify: _____

Medications: (Please list all medications, including over-the-counter and nutritional supplements & include the dosage and time given)

Physical Exam

Height: _____ Weight: _____ BP: _____ Pulse: _____

Screenings

	Right	Left
Vision without correction		
Vision with correction		
Hearing		

	Normal	Abnormal	Comments
General Appearance			
Nutrition/Body Mass Index		BMI= / %	
Skin			
Head			
Eyes			
Ears			
Nose, Throat, Teeth			
Lymph Nodes/Thyroid			
Lungs			
Heart			
Abdomen			
Genitalia			Tanner – I II III IV V
Musculoskeletal			Scoliosis Y N
Neurological			

This child IS IS NOT qualified to participate in all types of physical activity.

This child IS qualified to participate in only the following type(s) of activity:

- Contact/Collision Limited contact Non-contact

This child is qualified to participate in physical activity with the following restrictions:

I assess this child to be self directed and may self-carry medication. YES NO

Comments:

Provider's Name: _____ **Date:** _____

Provider's Signature: _____

Phone #: _____ **Fax #:** _____