

MOUNT KISCO RECREATION DEPARTMENT 2024 CAMP IROQUOIS REGISTRATION FORM:

PLEASE PRINT CLEARLY.

CAMP IROQUOIS AND EXTENDED DAY PROGRAM INFORMATION:

PLEASE CHECK ALL APPROPRIATE BOXES BELOW.

<input type="checkbox"/> CAMP IROQUOIS DAY CAMP (8:30AM - 3:00PM)	<input type="checkbox"/> EXTENDED DAY CAMP (3:00PM - 6:00PM)
<input type="checkbox"/> 3 Weeks: Session I (July 1 - July 19)	<input type="checkbox"/> 3 Weeks: Session I (July 1 - July 19)
<input type="checkbox"/> 3 Weeks: Session II (July 22 - August 9)	<input type="checkbox"/> 3 Weeks: Session II (July 22 - August 8)
<input type="checkbox"/> 6 Weeks: Session III (July 1 - August 9)	<input type="checkbox"/> 6 Weeks: Session III (July 1 - August 8)

CAMPER, GUARDIAN, AND HEALTH PROVIDER INFORMATION:

Camper's First Name: _____ Last Name: _____

Grade **ENTERING in the 2024 - 2025** School Year: _____ Gender: _____ Age: _____ Date of Birth: ____/____/____

Proof that your child is registered for kindergarten is required.

Residential Status: Resident Non-Resident T-Shirt Size: Youth _____ Adult _____

Mailing Address: _____ Home Phone #: _____

Guardian 1 Full Name: _____ Relationship: _____

Primary Email Address: _____ Cell #: _____ Work #: _____

Guardian 2 Full Name: _____ Relationship: _____

Primary Email Address: _____ Cell #: _____ Work #: _____

Health Insurance Carrier: _____ Policy #: _____

GENERAL RELEASE INFORMATION:

PLEASE CHECK THE BOX AND INITIAL BELOW.

GENERAL RELEASE: The undersigned hereby releases the Village/Town of Mount Kisco, its Village Board, Commission, employees, and volunteers thereof, of any responsibilities, should an accident or injury occur to the above-named participant as a result of participation in the aforementioned program sponsored by the Mount Kisco Recreation Department. I understand that the Mount Kisco Recreation Department reserves the right to photograph all programs, program participants, and program visitors for publicity purposes. Your registration grants consent to any photos and/or videos taken with the above-mentioned individuals and/or visitors that can be used for; publicity, promotion, or show, and there will be no compensation in regard thereto.

GENERAL RELEASE: _____ **INITIALS:** _____

MEDICAL RELEASE INFORMATION:

PLEASE CHECK THE BOX AND INITIAL BELOW.

MEDICAL RELEASE: I hereby certify that my child is in good physical and mental health. I give my child permission to take part in all camp activities and/or trips unless otherwise indicated in writing. If I CANNOT be reached in the event of an injury, I give my permission to Camp Staff to take my child to a nearby hospital/medical facility for treatment, X-rays, evaluation, etc. for injury. I also understand that the Village/Town of Mount Kisco does not maintain medical insurance for program participants and that persons participating do so at their own risk.

MEDICAL RELEASE: _____ **INITIALS:** _____

PHYSICIANS INFORMATION:

Name of Physician: _____ Phone #: _____

IMMUNIZATION RECORDS INFORMATION:

This is required by the NYSDOH and WCDH every year. All camper registrations MUST include a copy of your child's immunization records. PLEASE NOTE: The Immunization Records MUST come from the child's Physician/Health Care Provider, on their letterhead, and signed/stamped.

A COPY OF YOUR CHILD'S IMMUNIZATION RECORDS IS ATTACHED: Yes No **INITIALS:** _____

EMERGENCY CONTACT(S) INFORMATION:

PLEASE PROVIDE AN ADDITIONAL ADULT(S) THAT WE CAN CONTACT IF THE GUARDIAN(S) CANNOT BE REACHED.

1) Full Name: _____ Relationship: _____ Phone: _____

2) Full Name: _____ Relationship: _____ Phone: _____

3) Full Name: _____ Relationship: _____ Phone: _____

PLEASE ATTACH ANY ADDITIONAL INFORMATION TO THE BACK OF THIS FORM.

MOUNT KISCO RECREATION DEPARTMENT 2024 CAMP IROQUOIS REGISTRATION FORM:

PLEASE PRINT CLEARLY.

Camper's First Name: _____ Last Name: _____

DISMISSAL INFORMATION:

PLEASE CHECK THE APPROPRIATE BOXES AND INITIAL BELOW.

NO CAMPER(S) CAN OR WILL BE DISMISSED TO THE MEMORIAL POOL COMPLEX.

At the end of the camp day, my child will:

- Be Picked Up By: 1) _____ 2) _____ 3) _____
 Go Home With: 1) _____ 2) _____ 3) _____
 Attend our Extended Day Camp program. Leave on their own.

PLEASE NOTE: Everyone MUST show: a Photo ID to the Group's Head Counselor or Designated Staff member every day. If someone NOT listed above is sent to pick up your child, you can bring in or send in a note to be given to the Head Counselor or Designated Staff Member, call: (914) 666 - 9823, or email: Camp@mountkisco.ny.gov, to inform us.

DISMISSAL INFORMATION: _____ INITIALS: _____

FRIEND REQUEST INFORMATION:

WE TRY TO ACCOMMODATE ALL OR AT LEAST ONE REQUEST, BUT NO GUARANTEES.

Please submit three (3) Names (ONLY):

1) _____ 2) _____ 3) _____

BEHAVIORAL AND ZERO-TOLERANCE POLICY INFORMATION:

PLEASE REVIEW WITH YOUR CHILD, CHECK, AND INITIAL THE BOX BELOW.

The Village/Town of Mount Kisco, Camp Iroquois, and/or the Extended Day Camp are dedicated to providing every camper with a positive summer experience. As such, we have set standards and expectations for behavior to which all campers, parents/guardians and camp staff must agree to. Our policy is designed to resolve behavioral issues promptly and with the camper's parents/guardians' knowledge of the actions taken. The goal of this policy is to prevent any issues that may arise and to keep everyone informed. The following are the guidelines that each camper must follow. Please read this form completely and go over it with your child. All offenses/incidents will be documented. Incidents, depending on their severity, may be grounds for suspension and/or immediate termination from the program with no refund.

- Bullying, fighting, or any other violent action.
- Hateful language, profanity, or harassment of any kind.
- Theft or vandalism of any kind.
- Running away from staff members and/or the group.
- Use of tobacco, vapes, illegal substances, and/or alcohol products.

BEHAVIORAL AND ZERO-TOLERANCE POLICY: _____ INITIALS: _____

NON-DISCRIMINATION STATEMENT BASED ON DISABILITY INFORMATION:

PLEASE CHECK, INITIAL THE BOX, PRINT, AND SIGN BELOW.

The Village/Town of Mount Kisco will NOT discriminate against any individual based on disability concerning the full and equal enjoyment of the goods and services program. The Village/Town of Mount Kisco will make reasonable modifications to its policies, practices, and/or procedures when necessary to afford its goods and services to individuals with disabilities, allergies, or that may require the administration of medications unless the Village/Town of Mount Kisco can demonstrate that making the modifications would fundamentally alter the nature of the services/programs, and/or not otherwise be feasible.

The Village/Town of Mount Kisco will take such steps as may be necessary to ensure that no individual with a disability is excluded, denied services, segregated, or otherwise treated differently than other individuals because of the absence of auxiliary aids and services unless the Village/Town of Mount Kisco can demonstrate that taking such steps would fundamentally alter the nature of the good, service, facility, privilege, advantage, or accommodation being offered.

Please reach out to Kyle Thornton, Superintendent of Recreation via email at: Kthornton@mountkisco.ny.gov and/or (914) 666 - 3059, if your child has a disability that may require special or additional accommodation.

NON-DISCRIMINATION STATEMENT BASED ON DISABILITY: _____ INITIALS: _____

PRINTED NAME OF PARENT/GUARDIAN

SIGNATURE OF PARENT/GUARDIAN

DATE

PLEASE ATTACH ANY ADDITIONAL INFORMATION TO THIS FORM.

2024 CAMP IROQUOIS
SWIMMING ASSESSMENT, SWIMMING OFF-SITE,
AND SUNSCREEN PERMISSION FORMS:

PLEASE PRINT CLEARLY, CHECK ALL APPROPRIATE BOXES, INITIAL, AND SIGN BELOW.

CAMPER AND GUARDIAN CONTACT INFORMATION:

Child's Full Name: _____ Date of Birth: ____/____/____ Age: _____ Grade: _____

The New York State Department of Health (DOH) requires all camps to have written permission for children to be assessed and participate in any aquatic activities (Swimming Assessment, Swimming, Swimming Lessons, Free Swimming, etc.) on or off-site camp swimming activities. **PLEASE NOTE: Please fill out one form per child, if you have more than one child participating in our camp.** Swimming at the Memorial Pool Complex is considered an off-site trip per the WCDOH.

SWIMMING ASSESSMENT PERMISSION FORM:

PLEASE CHECK THE APPROPRIATE BOX(S), INITIAL, AND SIGN THIS FORM BELOW.

I give my child _____ entering grade (in September) _____, permission to participate in Camp Iroquois's "Swimming Assessment Test" given by our Water Safety Instructor (WSI). The swimming assessment test determines each camper's swimming ability for all camp aquatic activities (I.e. buddy lists, swimming lessons, free swimming, color wars, etc.). I understand that my child will be grouped according to their swimming ability at the time of the swimming assessment test. All campers **MUST** have their swim abilities assessed within the first three (3) days of camp. All campers will have the opportunity to be reevaluated later, to determine if their swimming ability status has improved. **PLEASE NOTE:** This is required by the NYSDOH and WCDOH for each camper to participate in our aquatic activities.

SWIMMING ASSESSMENT TEST PERMISSION: Yes No **INITIALS:** _____

PRINTED NAME OF PARENT/GUARDIAN SIGNATURE OF PARENT/GUARDIAN DATE

SWIMMING OFF-SITE PERMISSION FORM:

PLEASE CHECK THE APPROPRIATE BOX(S), INITIAL, AND SIGN THIS FORM BELOW.

I give my child _____ entering grade (in September) _____, permission to participate in the Mount Kisco Recreation Summer Day Camp Off-Site Trip Swimming activities program conducted at the Mount Kisco Memorial Pool Complex throughout the summer. I understand that all campers will be; walked to and from the pool, supervised by camp staff and certified lifeguards, and identified by their swimming ability with a colored wristband ("**RED**" - Non-Swimmers) and "**GREEN**" - Swimmers), every day of camp at the Memorial Pool Complex facility.

SWIMMING OFF-SITE PERMISSION: Yes No **INITIALS:** _____

PRINTED NAME OF PARENT/GUARDIAN SIGNATURE OF PARENT/GUARDIAN DATE

SUNSCREEN PERMISSION INFORMATION:

PLEASE CHECK THE APPROPRIATE BOX(S), INITIAL, AND SIGN THIS FORM BELOW.

The New York State Department of Health (DOH), Chapter 242 has amended NYS Public Health Law permitting a child to possess and/or use Sunscreen at camp when all the following apply:

- 1) Sunscreen is used to protect against overexposure to the sun.
- 2) Sunscreen is approved by the FDA for over-the-counter use.
- 3) The parent or guardian provides written permission for the child to carry and use sunscreen.

I give my child _____ entering grade (in September) _____, permission to carry and use and/or receive assistance from camp staff with the Sunscreen they have brought to camp, which is FDA-approved for over-the-counter use to avoid overexposure to the sun or to repel insects throughout the summer.

SUNSCREEN REPELLANT INFORMATION - Will your child bring Sunscreen to camp?
 Yes No **INITIALS:** _____

SELF-ADMINISTRATION - I request that my child's Sunscreen be self-administered under the supervision of the camp staff. I hereby certify that my child has been instructed and is capable of proper self-administration of their Sunscreen. **INITIALS:** _____

CARRY AND SELF-ADMINISTER - I grant my child permission to carry and use their Sunscreen as needed with camp staff supervision. **INITIALS:** _____

STAFF ASSISTANCE - I grant permission for Camp staff, to assist my child if they are unable to apply their Sunscreen themselves. **INITIALS:** _____

PRINTED NAME OF PARENT/GUARDIAN SIGNATURE OF PARENT/GUARDIAN DATE

PLEASE ATTACH ANY ADDITIONAL INFORMATION TO THIS FORM.

2024 CAMP IROQUOIS INSECT REPELLANT, ASTHMA, ALLERGY, AND SPECIAL ACCOMMODATIONS PERMISSION FORMS:

PLEASE PRINT CLEARLY, CHECK ALL APPROPRIATE BOX(S), INITIAL, AND SIGN BELOW.

CAMPER AND GUARDIAN CONTACT INFORMATION:

Child's Full Name: _____ Date of Birth: ____/____/____ Age: _____ Grade: _____

INSECT REPELLANT PERMISSION INFORMATION:

PLEASE CHECK THE APPROPRIATE BOX(S), INITIAL, AND SIGN THIS FORM BELOW.

The New York State Department of Health (DOH), Section 1394 of the public health law has been amended. Each children's overnight camp, summer day camp, and traveling summer day camp shall allow children attending such camp to carry and use insect repellent with the written permission of a parent or guardian. A record of such permission shall be maintained by the camp. A child who is unable to physically apply insect repellent may be assisted by unlicensed personnel when directed to do so by the child if permitted by a parent or guardian and authorized by the camp.

I give my child _____ entering grade (in September) _____, permission to carry and use and/or receive assistance from camp staff with the Insect Repellent they have brought to camp, which is FDA-approved for over-the-counter use to repel insects throughout the summer.

- INSECT REPELLANT INFORMATION** - Will your child bring Insect Repellent to camp?
 Yes No INITIALS: _____
- SELF-ADMINISTRATION** - I request that my child's Insect Repellent be self-administered under the supervision of the camp staff. I hereby certify that my child has been instructed and is capable of proper self-administration of their Repellent. INITIALS: _____
- CARRY AND SELF-ADMINISTER** - I grant my child permission to carry and use their Repellent as needed with camp staff supervision. INITIALS: _____
- STAFF ASSISTANCE** - I grant permission for Camp staff, to assist my child if they are unable to apply their Repellent themselves. INITIALS: _____

PRINTED NAME OF PARENT/GUARDIAN

SIGNATURE OF PARENT/GUARDIAN

DATE

ASTHMA INFORMATION:

IF YOUR CHILD HAS ASTHMA, THEY MUST BRING THEIR INHALER TO CAMP EVERY DAY, NO EXCEPTIONS!

PLEASE CHECK ALL APPROPRIATE BOX(S), AND INITIAL EACH ITEM SELECTED BELOW.

I give my child _____ entering grade (in September) _____, permission to carry and use and/or receive assistance from camp staff with the Asthma Inhaler they have brought to camp, which is medically and/or approved for over-the-counter use to avoid asthmatic attacks throughout the summer.

- ASTHMA INHALER INFORMATION:** Does your child have Asthma? Yes No INITIALS: _____
- SELF-ADMINISTRATION** - I request that my child's Asthma Inhaler be self-administered under the supervision of the camp staff. I hereby certify that my child has been instructed and is capable of proper self-administration of their Inhaler. INITIALS: _____
- CARRY AND SELF-ADMINISTER** - I grant my child permission to carry and use their Inhaler as needed with camp staff supervision. INITIALS: _____
- STAFF ASSISTANCE** - I grant permission for Camp staff, to assist my child if they are unable to apply their Inhaler themselves. INITIALS: _____

PRINTED NAME OF PARENT/GUARDIAN

SIGNATURE OF PARENT/GUARDIAN

DATE

ALLERGY INFORMATION:

PLEASE PROVIDE A LISTING OF ALL ALLERGIES, AND YOUR CHILD'S ALLERGIC REACTION(S).

PLEASE CHECK THE APPROPRIATE BOX(S), INITIAL, AND LIST ALL ALLERGIES AND ALLERGIC REACTIONS BELOW.

- ALLERGY INFORMATION:** Does your child have any Allergies? Yes No INITIALS: _____

PRINTED NAME OF PARENT/GUARDIAN

SIGNATURE OF PARENT/GUARDIAN

DATE

SPECIAL ACCOMMODATIONS INFORMATION:

PLEASE PROVIDE A LISTING OF ALL SPECIAL ACCOMMODATIONS NEEDED FOR YOUR CHILD.

PLEASE CHECK THE APPROPRIATE BOX(S), INITIAL, AND LIST ALL SPECIAL ACCOMMODATIONS NEEDED BELOW.

- SPECIAL ACCOMMODATIONS:** Does your child need Special Accommodations? Yes No INITIALS: _____

PRINTED NAME OF PARENT/GUARDIAN

SIGNATURE OF PARENT/GUARDIAN

DATE

PLEASE ATTACH ANY ADDITIONAL INFORMATION TO THIS FORM.

PLEASE NOTE:

**IF YOU ANSWERED YES, TO ANY OF THE QUESTIONS ABOVE,
YOU MAY HAVE TO FILL OUT AND SUBMIT ADDITIONAL MEDICAL FORMS,
ONE (1) WEEK BEFORE THE START OF CAMP.
ALL REQUIRED ADDITIONAL MEDICAL FORMS ARE POSTED ON
OUR WEBSITE (MOUNTKISCONY.GOV).**

**PLEASE ATTACH
A COPY OF YOUR CHILD'S
IMMUNIZATION RECORDS
AND ANY
ADDITIONAL INFORMATION
WE MAY NEED
OR
SHOULD KNOW.**