



# Child Background Form

2022

Truthful information on this form will help us to serve your child better!

Child's Last Name \_\_\_\_\_ Child's First Name \_\_\_\_\_ Nickname if any \_\_\_\_\_

Grade in Fall \_\_\_\_\_ Birthdate \_\_\_\_\_ School \_\_\_\_\_

Please list the members of your child's household and their relationship to them:

Member	Relationship	Member	Relationship

Has your child been to day camp before? \_\_\_\_\_ Where \_\_\_\_\_

What concerns, if any, do you have about sending your child to camp? \_\_\_\_\_

Describe any habits, characteristics or phobias we should be aware of to help us better care for your child: \_\_\_\_\_

Explain any fears you or your child has about water: \_\_\_\_\_

Explain any recent significant losses or changes in the household or in in your child's circle of friends, classmates and extended family \_\_\_\_\_

What are some strategies we could use to make your child more comfortable at camp? \_\_\_\_\_

Please explain any special needs your child may have so we can be prepared to make their stay as comfortable as possible: \_\_\_\_\_

(Please attach additional pages, if necessary)

Does your child receive any special services during the school year? \_\_\_\_ yes \_\_\_\_ no If yes, please explain: \_\_\_\_\_

(Please attach additional pages, if necessary)

Please share with us what strategies, likes/dislikes that may help our staff best serve/staff your child: \_\_\_\_\_

(Please attach additional pages, if necessary)

As per amendments made in 2016 to the NYS DOH Children's Camp Code camps have been advised to "identify camper disability information (developmental and/or physical disabilities) during the camp's enrollment process..." In addition, camps are advised to determine if such children have an "individual treatment, care, or behavioral plan that address a camper's unique physical, medical, behavioral, and/or social needs." Such a plan is not necessary, but if one exists the details should be shared with the camp.

With regards to this new code amendments we ask:

Does this child have a severe chronic disability attributable to (*quoted from the Code*) "mental retardation, cerebral palsy, epilepsy, autism or neurological impairment" as determined by a qualified practitioner with a relevant Master's Degree or

Doctorate in Psychology? \_\_\_\_ Yes \_\_\_\_ No

If yes, does the child have an individual treatment, care, or behavioral plan? \_\_\_\_ Yes \_\_\_\_ No

If yes, would you like to share it with us to help us better be able to serve your child? \_\_\_\_ Yes \_\_\_\_ No

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Beekman Recreation and Parks Disclaimer for:

### Release:

Registrant's First Name

Registrant's Last Name

I understand there are risks of physical injury in participating in sports and recreational activities or programs. I give permission for the person I am registering (myself or my child/ward) to participate in programs sponsored by the Town of Beekman Department of Recreation & Parks. I release the Town of Beekman, its officers and its Directors from any liability from any injury or loss suffered during this program. I further state that said person is in good health and medical condition unless otherwise indicated. I agree that any letters, projects, photos and videos made during the program are the property of the Town of Beekman and as such can be used for display purposes and promotional materials.

I hereby consent to emergency medical procedures deemed advisable for me if I am unable to communicate, or for my child in the event I cannot be reached and my child has sustained an injury. The Town of Beekman Department of Recreation & Parks does not provide accident or hospitalization insurance for participants of its programs. All participants are advised to have adequate personal coverage. I have considered participant's own health, experience, and tolerance for risk before participating registering for this program.

**I further agree to the Program Registration Policies, and if I am registering a child, I agree to the "Program Registration Policies" and the "Behavior Guidelines and Discipline Policy" as defined below:**

### Program Registration Policies

#### Definition of "Household" and "Family":

A household is a family with up to 2 parents and their unmarried children under 24 years of age living permanently in the residence; if there are multiple generations living at the same residence, each must set up their own account. If a Family Membership is purchased, it is for the Family as defined above and no other individuals.

#### Annual Proof of Residency:

To be eligible for Town of Beekman resident discounts for programs, proof of residency must be provided in the form of:

1. A tax or utility bill, AND
2. Proof of identity in the form of a Government Issued Photo ID

#### First Come First Served Policy:

Registration for all programs is open first to residents and employees of the Town of Beekman. After the published dates, non-residents will be allowed to register for a higher rate unless specified otherwise.

#### Enrollment:

For most programs to be conducted, a minimum enrollment must be reached. Please do not wait to register. Nothing cancels programs more than waiting until the last minute. Registration is done on a first come, first served basis, with residents and employees given first opportunity.

#### Program Transfer Fees:

There is a \$10 fee anytime a participant changes sessions, dates or programs

#### Refunds:

- All cancellation/refund requests must be in writing
- A prorated refund minus a \$15 Cancellation fee will be applied if a replacement can be found
- A Doctor's note is required prior to the end of the program for requests related to illness or accident
- A full refund will be given for any program cancelled by the Recreation Department due to lack of enrollment.
- No refunds are made due to acts of God/weather if the Town has already incurred expenses
- No refunds are made due to dismissal from a program due to behavioral issues

### OVER

#### Weather Related Cancellations:

All program and event cancellations are kept current on the Recreation Department website. Many of our programs follow the Arlington Central School District calendar. This includes weather related delays and cancellations.

## Behavior Guidelines and Discipline Policy

### Beekman Rec Mission Statement

The mission of the Town of Beekman Recreation & Parks Department is to provide recreational opportunities which will encourage a healthy and active lifestyle. We strive to promote lifelong leisure skills and to enhance the quality of life and sense of community for all residents of the Town of Beekman.

### Expectations of Parents

- Child's health and emergency information will be kept up to date; the Rec Office will be informed of any changes
- Children with a fever or contagious illness must be kept home
- For programs requiring a "sign-out a parent, or designated adult as indicated on Registration Form, will come with photo ID and sign child out
- Parents will support Beekman Rec expectations of children and the discipline policy
- Parents will be available, or have an emergency contact that is available, to pick up their child immediately in the event of an injury, a health, or a discipline issue

### Expectations of Children

We expect the children in our programs to be a positive part of our caring community: staff model, and children are guided, to be kind, considerate, caring and helpful

- Children will be honest
- Children are responsible for their own belongings
- Children are responsible for controlling their own behavior keeping their hands and bodies to themselves
- Children will be toilet trained unless in care giver and me programs
- Children are respectful to staff and listen to staff with a caring heart
- Children are respectful to each other conducting themselves in a courteous manner
- There will be no bullying
- Children will treat belongings, equipment and the park with care
- Children will discard their own garbage
- Children will not bring valuables or electronic equipment to the program
- Indoors, there will be no running, cart wheels, or throwing balls; but we will have time for that outside!
- Children will stay with the group

If the above rules are not followed we will adhere to the discipline policy below

### Discipline Policy

The staff will create a warm and caring atmosphere with established rules to ensure the emotional and physical safety of all. There will be consistent consequences to children who have difficulty following the rules that include, verbal warning, time out, exclusion from activity, parental consultation, early pick-up by parent, suspension and/or removal from the program without refund.

1<sup>st</sup> Offense - the child will be warned verbally by a staff member.

2<sup>nd</sup> Offense - the child will be warned along with a 5-10 minute time out from the activity.

3<sup>rd</sup> Offense - a parent will be called for immediate pick-up from a short term program and for a consultation in a long term program. If after the consultation there is a 4<sup>th</sup> Offense the parent will be called for immediate pick-up.

The Recreation Director reserves the right to ban any child from attending Rec programs based on repeated offenses at Rec programs.

In registering myself or my child I agree with all of the above.

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Signature

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Relationship to Registrant (Self or Parent/Guardian if Registrant is a minor)

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Printed First Name of Parent/ Guardian if applicable

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Printed Last Name of Parent/Guardian

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Date



# Child Health History Form

2022

Child Last Name

Child First Name

Date of last physical examination

Family medical/hospital insurance carrier

Policy/Group No

**Health History** (check, giving approximate dates where indicated):

**Conditions:**

☐ Frequent ear infections  
☐ Heart defect/disease  
☐ Convulsions  
☐ Diabetes  
☐ Bleeding/Clotting Disorder

**Allergies:**

☐ Asthma  
☐ Hay Fever  
☐ Poison Ivy  
☐ Insect Sting  
☐ Penicillin

**Diseases:**

☐ Mononucleosis:  
☐ Chicken Pox:  
☐ Measles:  
☐ German Measles:  
☐ Mumps:  
☐ COVID-19

**Dates**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other diseases or details of above: \_\_\_\_\_

List food allergies: \_\_\_\_\_

Operations or serious injuries (dates): \_\_\_\_\_

For females: Has she menstruated? ☐ If not, has she been told about it? ☐ If so, is her menstrual history normal? ☐

Prescription drugs taken on regular basis: \_\_\_\_\_

Dietary Modifications: \_\_\_\_\_

Suggestions or health related information or restrictions for Rec personnel: \_\_\_\_\_

Physician Name	Dentist Name	Orthodontist Name
Physician Phone	Dentist Phone	Orthodontist Phone

This health history is correct so far as I know and the person herein described has permission to engage in all prescribed Camp and After School Rec activities through June of 2023 except as noted. I understand and agree to abide with the restrictions placed on camp activities. **Emergency Authorization:** I hereby give permission to the medical personnel selected by the Rec staff to order x-rays, routine tests and treatment for me or my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician to hospitalize, secure proper treatment for, and to order injections or anesthesia and/or surgery for me or my child as named above. This form may be for use out of camp trips.

Signature of parent or guardian

Date



Camper last name printed \_\_\_\_\_

Camper first name printed \_\_\_\_\_

## Camp Corcl Rules Form

**2022**

CORCLs are little round boats with paddles. Should we be fortunate enough to be able to have campers use them this year, only Campers with this form in the file will be permitted to use them. Should a camper also be a beach patron with their parents on non-camp hours, this form will also suffice for CORCL use at that time.

1. A **CORCL RULES form must** be signed for each user.
2. Beekman Recreation is not responsible for the loss of any personal items.
3. CORCLs are designed for users to be under 200 lbs
4. Anyone using CORCL and paddle must be swim tested with a pfd on prior to first use.
5. Young children may be pulled in a CORCL by an adult or camp counselor when there is an area so designated that there are no swimmers in that area
6. There is to be no swimming in boating area.
7. Users must wear coast guard approved floatation device provided by the Beekman Rec (given out by Gate or Camp Staff) appropriate for their weight and girth; weights will be determined on a Rec provided scale and recorded.
  - a. Under 50 pounds
  - b. 50-90 pounds
  - c. 90-200pounds
8. Boats must be operated within the view of a Beekman Rec Lifeguard in the area designated for boating.
9. Users must stay seated within the boat.
10. No foul play in CORCLs.
11. No diving, jumping, falling, or fishing in the water.
12. No Bumping into other CORCLs.
13. Paddles must only be used to propel boat.
14. Any misuse of the boats by any operator(s) will cause suspension and Revocation of privileges. Also operator(s) assumes full responsibility for the boat issued to them, and will pay for any damages caused by themselves or their guests.
15. Lifejackets must be returned to gate to be hung up to dry.
16. All damages and injuries must be reported immediately.
17. In the event of thunder and lightning, guests must leave the water and seek shelter immediately; there will be no refunds.
18. CORCLs are to be used by the public only during the designated times which will develop as the summer progresses and will be posted at the Gazebo each day.
19. CORCLs will only be rented to guests with wrist bands.
20. CORCL rental fee is \$3 for 30 minutes (except for campers during camp).

**Please sign your name below agreeing to the rules and regulations above:**

\_\_\_\_\_  
User Signature

\_\_\_\_\_  
User Age

\_\_\_\_\_  
User Weight

**This box to be completed by Staff**

\_\_\_\_\_  
PFD Size

\_\_\_\_\_  
User PFD Swim Test Result

**If user is a minor:**

\_\_\_\_\_  
Parent last name printed

\_\_\_\_\_  
Parent first name printed

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



# Drop Off/Pick Up/Emergency Adult Form

2022

You can list all your children on one page and make copies for each child's record

Beekman Recreation and Parks will only sign in or sign out children to adults authorized by the parent.

- Please list the parent/guardians and all adults (must be 18 or over) who are authorized to drop off, or pick up your child.
- The adults should bring photo ID when dropping off or picking up a child.
- There should be a minimum of 2 adults that are within 15 minutes of the Rec in the event of an emergency, severe weather, illness or behavior problem

Participant #1 Last Name	Participant #1 First Name	Middle Initial	Date of Birth
Participant #2 Last Name	Participant #2 First Name	Middle Initial	Date of Birth
Participant #3 Last Name	Participant #3 First Name	Middle Initial	Date of Birth
Participant #4 Last Name	Participant #4 First Name	Middle Initial	Date of Birth

Family Street Address	Town	State	Zip
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Parent/Guardian #1 Last Name	Parent/Guardian #1 First Name	Parent/Guardian #1 date of birth	Parent/Guardian #1email address
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Parent/Guardian #1 Home Phone	Cell Phone	Cell phone carrier	Work Phone
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Parent/Guardian #2 Last Name	Parent/Guardian #2 First Name	Parent/Guardian #2 date of birth	Parent/Guardian #2email address
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Parent/Guardian #2 Home Phone	Cell Phone	Cell phone carrier	Work Phone
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**Other than the parents/guardians listed above, this is a list of other adults who are authorized to sign in, sign out, or pick up in case of an emergency. Those with a \* are available during program to pick up child within 15 minutes.**

Emergency Adult #1 Last Name	Emergency Adult #1 First Name	Relationship to child
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Emergency Adult #1 Home Phone	Work Phone	Cell Phone
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Emergency Adult #2 Last Name	Emergency Adult #2 First Name	Relationship to child
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Emergency Adult #2 Home Phone	Work Phone	Cell Phone
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Emergency Adult #3 Last Name	Emergency Adult #3 First Name	Relationship to child
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Emergency Adult #3 Home Phone	Work Phone	Cell Phone
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Emergency Adult #4 Last Name	Emergency Adult #4 First Name	Relationship to child
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Emergency Adult #4 Home Phone	Work Phone	Cell Phone
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Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_