

Queens City Summer Day Camp Registration Form

<p>Authorization of Treatment: I hereby give my permission to the medical personnel selected by the camp director to order treatment and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give my permission to the physician to secure and administer treatment, including authorization for my child named above. (Parent must submit completed filled Medical Form three weeks prior to the first day of camp).</p>	_____ Initials
<p>Release Statement: I acknowledge that there are natural hazards associated with camping and related activities in the outdoor setting. I hereby affirm that my child is in good health and physically capable of performing the required activities of camp. In consideration of Chelsea Premier Program accepting my child and to the extent permitted and provided by State Law, I hereby release and forever discharge the Chelsea Premier Program, its units, agents and employees from all claim of liability for any damages or injuries which may be sustained while my child is at camp.</p>	_____ Initials
<p>Photo Release: I hereby give my permission for my child's picture to be used by Chelsea Premier Soccer & Futsal Academy and/or Chelsea Premier Camp publications or video programs.</p>	_____ Initials
<p>Water Activities: I understand that the camps at New York State Parks include activities in or near water. Some camps with children aged 6 and above may include canoeing. I give my permission for my child to participate in all water activities included in the camps. For camps that include canoeing (as noted in camp description) campers must be able to swim.</p>	_____ Initials
<p>Travel: I give my permission for my child to travel in the camp van throughout the camp and to field trip(s) destinations which correlate to the camp lessons. I understand that I will be informed of the field trips scheduled for the week of camp week on the first day of camp.</p>	_____ Initials

Note: By initialing above, you acknowledge that you have read and agree to each item.

Release of Minors:(REMINDER: Photo Identification must be provided at time of pick up.)
 All campers are released at the end of camp to their parent/guardian or one of the individuals listed on their form. **NO EXCEPTIONS!** The camp will release the camper to either parent/guardian listed on the application unless directed by a court to do otherwise.

In addition to names already listed on this application, my child may be released to the following individual(s).

Name: _____ Telephone #: (_____) _____
 Name: _____ Telephone #: (_____) _____
 Name: _____ Telephone #: (_____) _____

Parent/Guardian Signature: _____ Date: _____

Would you like to be updated on schedules and camps through email?
 If yes, please provide email: _____@_____

Chelsea Premier Camp Disciplinary Policy

Summer camp is meant to be a fun, educational and recreational activity. For the benefit of all campers, it is important that children behave appropriately within the summer camps. If it becomes necessary to take disciplinary action against a student, the steps that will be followed are outlined below.

1st incident: The camper will receive a verbal warning and an explanation as to why the behavior is inappropriate (whenever possible, this will be done in a one-on-one setting removed from other campers).

2nd incident: Staff will determine an appropriate consequence for the camper's actions (examples may include a "time out" or exclusion from participating in an activity). The camper's parent will be notified of their behavior when they arrive to pick up the child.

3rd incident: The child will be excused from camp without a tuition refund.

The Summer Camp Staff of Chelsea Premier Soccer & Futsal Academy reserves the right to bar any child from summer camps following a first incident in cases of serious behavior problems.

A large, stylized logo for NY Premier Camp. It features a pink banner with the text "NY PREMIER CAMP" in white, serif capital letters. The banner is set against a background of a soccer ball and a laurel wreath, all in a light yellow color.

NY PREMIER CAMP

Chelsea Premier Camp Medical Authorization

TO BE COMPLETED BY PARENT/GUARDIAN or PHYSICIAN

Camp Title: _____ Camp Dates: _____

Camper's Full Name: _____ DOB: _____

Last First

Insurance Company: _____ Policy Number: _____

Name of Child Pediatrician: _____ Telephone #: (____) _____

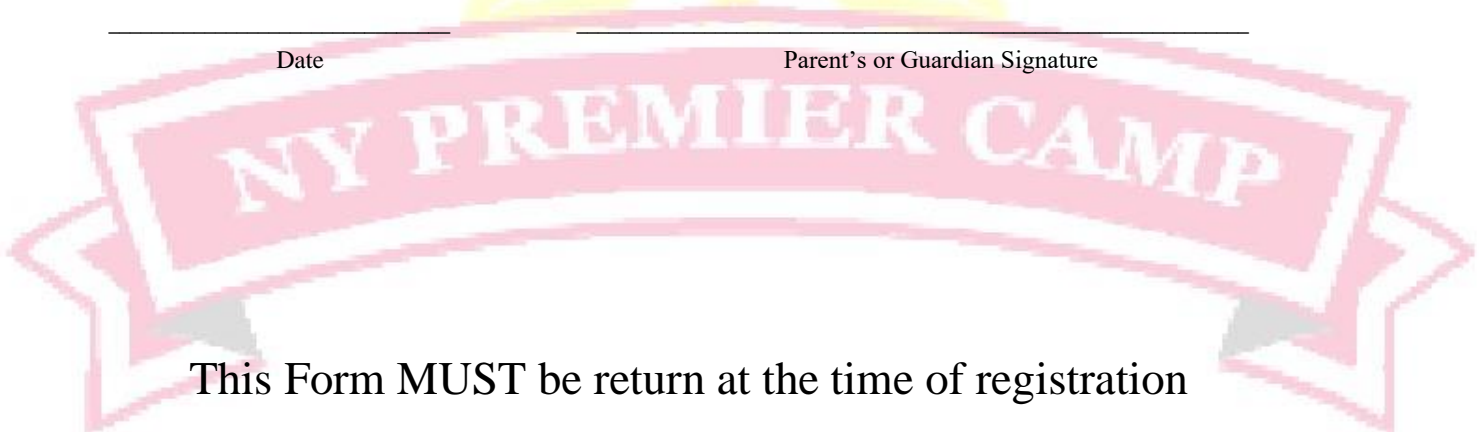
Month / Year	Immunization
	OPV (Polio Oral) / IPV (Polio Injected)
	HIB (Hemophilus Influenza)
	MMR (Measles, Mumps, Rubella)
	DTP (Diphtheria, Tetanus, Pertussis)

List any known conditions, diseases, etc. which may limit or restrict the above person from participating in camp activities:

Camp staff is not permitted to dispense medication.

I hereby certify that my son/daughter is fully capable of participating in this camp program. In the event of emergency, if I cannot be contacted, you have my permission to treat my child.

Date Parent's or Guardian Signature



This Form MUST be return at the time of registration