

# 2021 Day Camp Registration Form

**ADDITIONAL REQUIRED DAY CAMP FORMS - Registration is NOT complete until ALL forms are received with payment. Medical Authorization Form, Immunization Record, and Proof of 2020-21 previous Kindergarten Enrollment\*  
(\*5 year olds only)**

Parent/Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

*Cicero Day Camp is licensed by the Onondaga County Health Department. The Camp is inspected a minimum of twice yearly. Inspection reports concerning the camp are on file at: Onondaga County Health Department, Division of Environmental Health, John H. Mulroy Civic Center, 12th Floor, 421 Montgomery St, Syracuse, NY 13202, 315-435-6617*

1. Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Day Camp Weeks: 1 2 3 4 5 6  
Shirt Size: Youth: S M L Adult: S M L

2. Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Day Camp Weeks: 1 2 3 4 5 6  
Shirt Size: Youth: S M L Adult: S M L

3. Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Day Camp Weeks: 1 2 3 4 5 6  
Shirt Size: Youth: S M L Adult: S M L

May we send your receipt and program information by email?	YES	NO
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I, \_\_\_\_\_, being the parent/legal guardian of the above named participant(s) accept full responsibility for any and all injuries which may arise out of his/her participation in programs offered by the Town of Cicero Youth Bureau, Parks & Recreation Department and hereby release the Town of Cicero, its agents and/or employees from any claims of any nature whatsoever arising out of my child(ren)'s participation. Consent is hereby granted to allow my child(ren) to participate in the above named Town of Cicero sponsored program. Pictures and other materials which may include my child(ren) may be used by the Town of Cicero for promotional purposes. I agree not to drop my child(ren) off earlier than the program start time, and pick up my child(ren) by the program end time. I will adhere to any and all implemented policies and procedures or my child(ren) will be removed from the program. No refund will be issued. I have read, understand and agree to the above guidelines.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please make checks payable to the "Town of Cicero"**

**Refund Policy:** No refunds will be given within one week BEFORE the program start date. If a refund is requested one week or more before the program starts, an \$8 administrative fee, per person will be deducted from your refund. Convenience fees for credit card registrations are non-refundable. Revised March 2019.

### CREDIT CARD PAYMENTS:

Name on Card: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_  
Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Sec Code: \_\_\_\_\_

**Please Note: All credit card transactions are assessed a non-refundable 3%, plus \$0.30 processing/convenience fee.**

# 2021 Day Camp Medical Authorization Form

If your child needs medical, dental, health or hospital services, you as a parent must give permission. It is the law. What about times when you cannot be reached for permission? A child may be treated without parental consent when a physician demonstrates a true emergency exists. That means the doctor determines the child needs immediate medical care and that an attempt to obtain parental consent would result in a delay which would increase the risk to the child's life or health.

Except in a true emergency, care may be ordinarily rendered to a child only with the consent of the parent or legal guardian. Sometimes a child may need unexpected care which is not, however, a true emergency. In such cases, making an effort to contact a parent/legal guardian for permission can delay treatment and create unnecessary anxious moments for the child.

You can prepare for the unexpected care your child might need when you are away from home. To do this, make sure babysitters know how to reach you at all times. And when you know you will be hard to reach, you can give permission to other adults. They can then act for you by permitting your child to be treated if unexpected care is needed.

This is a legal document. With it you may appoint relatives, friends, teachers, clergy or neighbors – anyone who is over 18 years of age – to be responsible for your children when you are away from home. It is especially important to prepare this form for the occasions when you know it will be hard to contact you.

Fill out this form carefully. Have your signature witnessed by an adult different from the person you are making responsible for your children. After you complete this form, give it to the adult(s) you have named to act on your behalf. If your child needs unexpected medical treatment, the responsible adult(s) should present this document to the appropriate person—physician, dentist or hospital representative.

Names of Minor

Birthdate

Identify allergies, medical conditions, etc.

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I/We being the parent(s)/legal guardian(s) of the above named minor(s) do hereby appoint:

NAME: Town of Cicero ADDRESS: 8236 Brewerton Road, Cicero, NY 13039 PHONE: 315 699-5233

NAME: ADDRESS: PHONE:

To act in my/our behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above named minor(s) during the period of my/our absence.

MONTH: June DAY: 28 YEAR: 2021 THROUGH MONTH: August DAY: 6 YEAR: 2021

This document shall be presented to a physician, dentist or appropriate hospital representative at such times as unexpected medical, dental, surgical care or hospitalization may be required.

## PARENT/GUARDIAN

SIGNATURE: ADDRESS: DATE:

SIGNATURE: ADDRESS: DATE:

## HOSPITALIZATION COVERAGE FOR THE ABOVE NAMED MINOR(S)

INSURANCE COMPANY OR GOVERNMENT PROGRAM: ID#:

## FAMILY PHYSICIANS

NAME & PHONE NUMBER:

NAME AND PHONE NUMBER: