

2025 Summer Day Camp Registration Form

Cicero Youth Bureau, Parks & Recreation

ALL INFORMATION IN THIS PACKET MUST BE COMPLETED IN FULL. ALL FIELDS ARE REQUIRED. OMISSION OF INFORMATION MAY RESULT IN LOSS OF REGISTRATION. PLEASE NOTE: CAMPER REGISTRATION WILL AGES 5 (COMPLETED ONE YEAR OF KINDERGARTEN) THROUGH AGE 12.

Camper and Parent/Guardian Information

This section is required for helpful camper emergency information.

Camper's Name (Required): _____

Grade camper will ENTER in September 2025
(Required): _____

Camper must have completed one year of Kindergarten.

What is camper's age?
(Required): _____

Date of Birth (Required): _____

What is camper's primary language?
(Required): _____

Camper's Address (Required):

Street: _____

Address Line 2: _____

City, State, Zip: _____

Parent/Guardian #1 Name
(Required): _____

Parent/Guardian #1 Primary Phone
(Required): () - _____

Parent/Guardian #1 Primary Email
(Required): _____

Parent/Guardian #2 Name: _____

Parent/Guardian Primary
Phone: () - _____

Parent/Guardian Primary
Email: _____

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Emergency Contact #1 Name (Required): _____

Please use a contact different than those listed as Parent/Guardian #1 and #2.

ER Contact #1 Relationship to Camper (Required): _____

ER Contact #1 Phone (Required): () - _____

Emergency Contact #2 Name: _____

ER Contact #2 Relationship to Camper: _____

ER Contact #2 Phone: () - _____

Authorized Pick-Up Names (Required):

Please write the names of every person who has permission to pick-up camper from camp. We will be checking licenses upon pick-up. It is also helpful to include the relationship to the camper being picked up.

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Are there any parental/custodial arrangements/agreements we should be aware of? (Required):

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Camper Permissions

In this section you will be asked about helpful permissions for daily camper safety.

Does camper have permission to walk home, by themselves, from camp? (Required - Select at least one option):

- Yes No

Signature (Required): _____

Permission to Self Administer and Carry Sunscreen (Required - Select at least one option):

- I give camper permission to self administer and carry sunscreen at the Cicero Summer Day Camp. I understand that camp staff are not permitted to apply sunscreen to camper and that camper must self-apply. I understand that the camp does not provide sunscreen.
- I do not give camper permission to self administer and carry sunscreen at the Cicero Summer Day Camp. I understand that camp staff are not permitted to apply sunscreen to camper and that camper must self-apply. I understand that the camp does not provide sunscreen.

Signature (Required): _____

Permission to Self-Administer and Carry Aloe Vera (Required - Select at least one option):

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- I give camper permission to self administer and carry Aloe Vera at the Cicero Summer Day Camp. I understand that camp staff are not permitted to apply Aloe Vera to camper and that camper must self-apply. I understand that the camp does not provide Aloe Vera.
- I do not give camper permission to self administer and carry Aloe Vera at the Cicero Summer Day Camp. I understand that camp staff are not permitted to apply Aloe Vera to camper and that camper must self-apply. I understand that the camp does not provide Aloe Vera.

Signature (Required): _____

Permission to Self Administer and Carry Bug Spray (Required - Select at least one option):

- I give camper permission to self administer and carry bug spray at the Cicero Summer Day Camp. I understand that camp staff are not permitted to apply bug spray to camper and that camper must self-apply. I understand that the camp does not provide bug spray.
- I do not give camper permission to self administer and carry bug spray at the Cicero Summer Day Camp. I understand that camp staff are not permitted to apply bug spray to camper and that camper must self-apply. I understand that the camp does not provide bug spray.

Signature (Required): _____

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Camper Medical Information

Allergies, medications, and helpful accommodations.

Physician Name (Required): _____

Required by Onondaga Health Department.

Physician Phone (Required): () - _____

Physician Address (Required):

Street: _____

Address Line 2: _____

City, State, Zip: _____

List All Allergies (Required):

If camper has no allergies. Write N/A.

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List Any Dietary Accommodations (Required):

If camper has no diet restrictions. Write N/A.

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Please write any special accommodations that will help us better take care of camper (Required):

Write N/A if there are no special accommodations.

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List any pre-existing medical differences camper lives with (Required): _____

Write N/A if camper lives with no pre-existing medical differences.

Does Camper have any functional/intellectual/mental differences we should be aware of to better care for camper? (Required):

Write N/A if camper lives with no functional/intellectual/mental differences.

Does camper have any behavioral differences we should be aware of to better care for camper? (Required):

Write N/A if camper lives with no behavioral differences.

List all prescription medications camper is prescribed (Required):

Write N/A if camper does not take any prescription medications.

List all non-prescription medications camper uses (Required):

Write N/A if camper does not take any non-prescription medications.

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Will camper need medication during camp hours? (Required - Select at least one option):

Yes No

I understand that if this camper will have any medication(s), prescription or non-prescription, at camp, that I will need to provide written order from their physician(s).

I understand this written order must include ALL of the medication's information, including the complete name of the patient, date prescription filled, expiration date, directions for use/precautions (if any), storage directions (if any), dispensing pharmacy name and address, and name of physician prescribing medication.

I understand the medication must come in it's original container, with the patient's information.

Repackaging and re-labeling of prescription medications is prohibited.

I understand that all medications (prescription and non-prescription) should be turned over to camp staff, so it can be secured in the camp office, under the control of the camp site supervisor. Only prescription medications in a pharmacy labeled container will be accepted. All non-prescription medications will be labeled with camper's name and written order will be accepted.

I understand that the medication must stay at camp, in our lock box, under the supervision of our Camp Site Supervisor, as it is not recommended that campers transport medications each day to and from camp. Parents/guardian should request that the pharmacy provide two containers, one to remain at home and one to remain at camp. Exceptions include epinephrine auto-injectors and inhalers.

I understand that camper must self-administer their medication. I understand camp staff will not be administering medications the camper will need.

I have read and understand all of the above camp medication policies.

Signature (Required): _____

No medical insurance is carried by the Town for program participants. Registrants are encouraged to have their own medical coverage.

The afore health history is correct, so far as I know, and the person herein described has permission to engage in all prescribed camp activities, except noted by me.

In the event I cannot be reached in an emergency, I hereby give permission to the physician and/or hospital selected by the Recreation Department, in compliance with Onondaga County Health Regulations, to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery, for the camper named above.

In consideration of your accepting this registration, I, the undersigned, intending to be legally bound hereby, for myself, my heirs, executors, and administrators, waive and release any and all claims for damages I may have against the Town of Cicero, Cicero Youth Bureau, Parks and Recreation, the Town of Cicero Recreation Commission, and all sponsors, representatives, successors, and assigns, for any and all injuries suffered by the camper, listed above, in said program.

I have read and understand all of the above camp medication policies.

Signature (Required): _____

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Model Talent Release Form

In this section, we ask for permission to take photos/videos of camper that may be used in social media and promotional material.

I hereby give the Cicero Youth Bureau, Parks and Recreation Department and its successors and assigns, unrestricted permission to publish, in print and/or internet, reproduce, alter, distribute, and/or broadcast, in perpetuity, images and/or video segments taken of the minor subject on this form.

- I understand that these images and/or video segments may be manipulated and combined with other images and/or edited into a video presentation, but that the subject may be recognizable in the final version. I understand that camper's names will NOT be used.
- No, I do not give permission for the Cicero Youth Bureau to use multimedia of camper listed on this form.