

NEWCOMB SUMMER YOUTH PROGRAM 2022

DEAR PARENTS/GUARDIANS:

The members of the staff of the Newcomb Youth Program and Commission wish to invite your children to attend and take part in a well-rounded program of activities for the summer months. The program activities will take place at the Newcomb Town Beach and surrounding areas. Following is a list of details regarding program policy.

*Please have the registration packet completed and returned by **June 13th***

1. DATES: Tuesday, July 5, 2021 through Friday, August 12, 2022

2. TIMES: 10:00 a.m. to 3:30 p.m. - Monday through Friday.

3. ELIGIBILITY REQUIREMENTS:

Any youth aged 5 on or before December 1st who has completed one year of a Kindergarten program, through 21 years of age.

4. INFANT AND PRESCHOOL AQUATIC PROGRAMS:

Four and Five year olds: who are not eligible for the full day camp may participate in the program offered on Mondays and Wednesdays from 2:15-3:00 p.m. Program begins Monday, July 11th.

Infants and Toddlers: (6 months up to 4 years): WITH A PARENT. Participation in this program requires that each child be accompanied by a parent or guardian during the swim lesson, offered on Tuesdays and Thursdays from 2:15 - 3:00 p.m. Program begins Tuesday, July 12th.

Registration for these two programs includes completion of all forms required by regular participants. There will not be any class for preschool or infants on rainy days. If cancellation is in question, call the Town Beach (518-582-3121).

5. ACTIVITIES:

Swimming, hiking, camping, sailing, canoeing, kayaking, various games, nature study, arts and crafts, and special trips will be offered.

6. TRANSPORTATION:

Bus pick up will begin at 9:15 am, starting on the west end of town. Campers that live on 28N will be picked up at their house on their side of the road. Parents/Guardians who bring campers in the morning may **not** bring them prior to **9:45**. Leaving the program early at any time requires a note signed by a parent or guardian. Camp ends at 3:30. Parents/Guardians must pick up campers at 3:30 and bussed campers will depart from the beach at 3:30.

7. EACH CHILD NEEDS:

A lunch (nut free), swim suit, beach bag and a marked towel, warm clothes, sneakers (a must for running), raingear when appropriate, extra fluids, bug spray and sun screen.

8. REGISTRATION: Please complete and return the following to Newcomb Town Hall, P.O. Box 405, Newcomb, NY 12852 **June 13:**

- Registration form with photo
- Medical release and medication form
- Copy of current physical exam (within 1 year; form enclosed for your convenience) & current immunization record

This record must be submitted annually, to ensure the records are current.

The immunization record should detail your child's receipt of the following vaccinations: Diphtheria, Tetanus and Pertussis (DTaP, DTP, DT, Td, Tdap); Hepatitis B (Hep. B or HBV); Haemophilus influenza type b (Hib); Polio (IPV or OPV); Measles, Mumps, Rubella (MMR); Chickenpox (Varicella); Pneumococcal (PCV7 or PCV13)

Anyone planning to attend the program must be registered **by June 13** in order that the Staff and Director can place the applicant in the proper group and familiarize themselves with any pertinent information. Anyone who is attending as a visitor and guest of a participant must pre-register also (must allow at **least 2 business days'** notice, however if there are any questions or concerns, this waiting period may be extended at the Camp Director's or Health Director's discretion) and must be in attendance with that person. Incomplete forms will prevent the child from attending camp.

9. INSURANCE:

The program is covered by liability insurance but does not have an individual accident policy. Municipalities cannot purchase this type of medical insurance with public funds.

10. TRIPS:

Only pre-registered participants may attend overnights or out of camp trips. It is required that they attend the program for a minimum of 5 days prior to the trip. This will be at the discretion of the Program Director based on camper skills & abilities. For canoe trips, the participant must be able to pass a canoeing test based on the outlined canoeing information. Due to current land use restrictions the three day trips will be limited to a specified number of participants. All 3-Day Hikers must attend trail hike and performance will determine ability to participate in the 3-day trip.

11. COST OF TRIPS

Trip costs will be determined before each trip. There may be charges for special activities. Permission forms and payment must be received no later than the Friday preceding a trip.

12. N.Y.S. HEALTH AND SAFETY REGULATIONS:

There will be unannounced Health Department inspections at the Town Beach during the program. The Youth Program has a permit to operate from the N.Y.S. Department of Health on St. Bernard Street, Saranac Lake, NY 12983. Any parent has a right to inspect the Newcomb Youth Program at the Town Beach.

The Newcomb Summer Youth Program is sponsored by our Town Board and the New York State Division for Youth through the Essex County Youth Bureau.

13. ASSUMPTION OF RISK:

Participation in the Newcomb Youth Program exposes all participants to the possibility of injury or even death. Your signature on the registration form acknowledges that such risks exist as a result of your child's participation during program activities, out of camp trips, and during the transportation of your child for such trips or activities.

14. DISCIPLINE POLICY:

To ensure the safety of all participants, the following disciplinary actions will be taken by the director or assistant director in the following cases:

Inappropriate language, disobedience, insubordination to staff, excessive disruptiveness, fighting and/or dangerous behavior.

- First Offense..... Notification to Parent
Child not allowed to participate on
next trip or special activity

- Second Offense..... Notification to Parent
Child not allowed to participate in
the youth program for one day

- Third Offense..... Notification to Parent
Child not allowed to participate in
the youth program for one week

Infraction of trip rules will result in ineligibility for remaining trips. All discipline cases must be reported to the director or assistant director to be logged. The preceding policy will be administered at the discretion of the director.

PLEASE READ!!!!
2022 Newcomb Summer Youth Program Registration

- **Peanut/Tree Nut Allergy:**
Due to a life-threatening allergy of a camper, no peanut or tree nut foods are allowed at camp or on the bus. Please check packaging to ensure that food items are not prepared in a factory with peanuts or tree nuts.

Please check to see the following are completed and returned by June 13.

Note: Campers will NOT be allowed to attend without the submission of all completed forms.

- Completed Registration Form & photo – Pg. 6
- Completed & Signed Medical Information & Release – Pg. 7
- Completed & Signed Medication Form (if applicable) – Pg. 8
- Copy of current Immunization record
- Current physical from personal health provider or school physical (within 1 year; copy of form attached)

Send completed forms to:

Town of Newcomb
Newcomb Youth Program
P.O. Box 405
Newcomb, NY 12852

If you have any questions, please call the Town Hall at 582-3211

NEWOMB SUMMER YOUTH PROGRAM
REGISTRATION FORM

TO PARENTS OR GUARDIANS:

Please fill in the following registration form as completely as possible. It is preferred that parents or guardians fill it out. This is not intended to eliminate the participant but to inform the staff for safety purposes. The information will be kept in strictest confidence. Final decision of attendance will be made by the Director or his/her appointed representative.

***Please attach a current photograph for our records.** This can help in case of a lost child.

CHILD'S NAME _____

AGE _____ DATE OF BIRTH _____

PARENT OR GUARDIAN _____

CAREGIVER IF OTHER THAN ABOVE _____

LOCAL ADDRESS _____

MAILING ADDRESS _____

HOME PHONE _____ LOCAL PHONE(if different) _____ CELL _____

SWIMMING LEVEL PARTICIPANT HAS COMPLETED _____

PLEASE INDICATE IF YOUR CHILD WILL BE RIDING THE BUS: YES NO

Space on the bus is very limited due to social distancing requirements. Parents/Guardian are encouraged to transport to and from camp if possible.

IF YOUR CHILD WILL NOT BE ATTENDING FOR THE WHOLE PROGRAM, PLEASE LIST THE TIME PERIOD THEY WILL BE ATTENDING:

In the event of early dismissal, the name and telephone number of the person responsible for my child in my absence is:

NAME: _____ TELEPHONE: _____

This person MUST show identification when picking up child.

Please attach a current photo of the above child :

I give permission from picture(s) of my child to be published in print or on line.

Parent signature: _____ **Date:** _____

Received _____ Complete Y N
Reviewed by _____ Copies made Y N
Special instructions:

MEDICAL RELEASE & INFORMATION

Please CIRCLE & complete the following.

Has your child had or does he/she now have:

- | | | | | | |
|-----|----|---------------------------|-----|----|------------------------|
| YES | NO | Back Injury/Back problems | YES | NO | Bladder/Kidney Disease |
| YES | NO | Muscular problems | YES | NO | Skin problems |
| YES | NO | Head injury | YES | NO | Headaches |
| YES | NO | Fainting spells | YES | NO | Epilepsy/seizures |
| YES | NO | Diabetes | YES | NO | Thyroid problems |
| YES | NO | Ear/Hearing problems | YES | NO | Eye/Vision problems |
| YES | NO | Chronic cough | YES | NO | Asthma |
| YES | NO | Heart Trouble | YES | NO | Stomach/Bowel problems |
| YES | NO | Emotional problems | YES | NO | Psychiatric problems |

Explanation of any above information and/or any other chronic condition we should be aware of: _____

Allergies: None Food Insect Seasonal Medication Life-threatening

Please specify: _____

Medications: (Please list all medications, including Epi-Pens, inhalers, other prescription medication, over-the-counter and nutritional supplements & include the dosage and time given)

****The medication form on the following page must be completed for any child that absolutely requires any medication during the day or on any out of camp trips (includes Epi pens, inhalers, etc.)**

We/I give the above registered child authorization to attend the Newcomb Summer Youth Program, realizing there is not any medical insurance coverage. We/I hereby agree to assume any and all responsibility and liability in connection with this Program as same pertains to the child listed herein. We/I further agree to save the Town of Newcomb and its employees harmless from any claims and lawsuits in connection with the Program.

In the event I cannot be reached in an EMERGENCY, I hereby give permission to the medical provider selected by the Newcomb Youth program to evaluate, treat and/or hospitalize in an accredited hospital and to X-ray, treat, order injections, anesthesia or surgery for the child.

SIGNATURE OF PARENT/GUARDIAN _____

INSURANCE COMPANY _____	GROUP# _____
INSURANCE ID# _____	SUBSCRIBER DOB _____
SUBSCRIBER NAME _____	PHONE # _____
HEALTH PROVIDER _____	

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION

To be completed by parent & health provider if applicable

A. To be completed by the parent or guardian:

I request that my child _____ DOB _____ receive the medication as prescribed below by our physician. The medication is to be furnished by me in the properly labeled original container from the pharmacy*. I also acknowledge that if my child is deemed non-self-directed, the administration or any medication is my responsibility. **Please note that only medications that are absolutely necessary during program hours and prescribed by a licensed prescriber are to be administered at camp.**

Signature (Parent or Guardian): _____

Telephone: Home _____ Work _____ Date _____

B. To be completed by physician:

I request that my patient, as listed below, receive the following medication:

Name of Camper _____ DOB _____

Diagnosis: _____

Note: NO medications can be administered at camp on an “as needed” basis, including over-the-counter medications, herbals, supplements, or prescription medications.

MEDICATION	DOSAGE	FREQUENCY/TIME TO BE TAKEN	ROUTE OF ADMINISTRATION

Duration of Treatment: _____

Possible Side Effects and Adverse Reactions (if any): _____

PLEASE CHECK ONE :

- I deem this child to be **self-directed** and understand that a member of the camp's staff will assist the camper in taking the medication, including field trips.
- I deem this child to be **non-self-directed** and understand that administration of oral, topical, inhalant and injectable medications must remain the responsibility of the parent/guardian.

Prescriber's

Signature _____ Date: _____

Address: _____

Phone: _____

- Medication must be in original pharmacy labeled container with specific orders and name of medication.
- Medication and refills must be brought to camp by parent, guardian or responsible adult.

Sunscreen/Bug Spray:

I give permission for the Town of Newcomb Youth Program to assist my camper, _____, in applying sunscreen and/or bug spray during the hours of participation at the Newcomb Youth Program. **Please note that parents/guardians are responsible for providing the sunscreen and bug spray that they would like their child to use.**

Parent/Guardian: _____

Parent/Guardian Signature: _____

Date: _____

Plan reviewed with parent(s)/guardian(s):

Parent Signature: _____ Date: _____

**Newcomb Youth Program
Camper Health Appraisal
(Completed by health care provider)**

Name of Camper: _____
Age: _____ **Gender:** _____ **Date of Birth:** _____
Address: _____
Phone #: _____ **Date of Exam:** _____

Immunizations

	Date	Date	Date	Date	Date	Date
DTaP						
DT or Td						
Tdap						
OPV/IPV/eIPV						
HIB						
Hepatitis B						
Varicella						
MMR						
Pneumococcal (PCV 7)						
Pneumococcal (PCV 13)						
Hepatitis A						
Meningococcal ACWY						
COVID 19						
Other:						

Signature of NYS licensed provider (MD, DO, PA, or NP) attesting that above immunization record is accurate: _____

Title: _____

Significant Medical/Surgical

History: _____

Allergies: None Food Insect Seasonal Medication Life-Threatening

Specify Allergen(s): _____

Specify previous symptoms: _____

History of anaphylaxis

Treatment prescribed: None Antihistamine Epinephrine Autoinjector

MEDICATIONS

Diagnosis	Medication	Dose	Route	Time	Self-directed	Self Admin/Self carry
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

*This particular form is not mandated.
It is provided by parents' request as a physical form for their physician.*
Page 2, physical form

Physical Exam

Height: _____ Weight: _____ BP: _____ Pulse: _____ Resp: _____

Screenings

	Right	Left
Vision without correction		
Vision with correction		
Hearing		

	Normal	Abnormal	Comments
General Appearance			
Nutrition/Body Mass Index		BMI = _____ WSC % = _____	
Skin			
Head			
Eyes			
Ears			
Nose, Throat, Teeth			
Lymph Nodes/Thyroid			
Lungs			
Heart			
Abdomen			
Genitalia			Tanner – I II III IV V
Musculoskeletal			Scoliosis Y N
Neurological			

This child IS IS NOT qualified to participate in all types of physical activity.

This child IS qualified to participate in only the following type(s) of activity:

Contact/Collision Limited contact Non-contact

This child is qualified to participate in physical activity with the following restrictions:

Parent permission & provider consent is required for campers to self-administer & self-carry medication. Campers with this designation are considered independent in taking their medication at camp and require no supervision by a licensed health professional. Parents assume responsibility for ensuring that their child is carrying and taking their medication as ordered. Parent will ensure the medication is in the original pharmacy container, properly labeled with directions and dosage, or original over-the-counter container/package with child's name on it. To acknowledge acceptance of and compliance with this, please sign below.

Parent signature: _____ Date: _____

I assess this child to be self-directed and may self-carry/self-administer medication. YES NO
(If yes, please complete medication form)

Provider's Name: _____ Date: _____

Provider's Signature: _____

Phone #: _____ Fax#: _____