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**Catskill Community Center**

**344 Main Street, Catskill, NY 12414**

**(518) 719-8244**

**office**[**@catskillcommunitycenter.org**](mailto:office@catskillcommunitycenter.org)

**www.catskillcommunitycente.org**

**2019 Summer Youth Programs**

**July 1st through August 2nd**

Outdoor Summer Recreation

$175. fee for 5 weeks

**(There are a limited number of scholarships for those who qualify)**

Grade level: K- grade 5

Location: Eliot Park, Catskill

Day and Time: Mon - Friday 8-:00 – 3:00

Outdoors and fresh air, arts and crafts, game playing, supervised fun activities.

\*\*Please be sure to pack plenty of water, a small snack, and sunscreen\*\*

|  |  |  |
| --- | --- | --- |
| Kickball | Crafts and Painting | Nature Hikes |
| Tie-Dye | Water fun | Jump Roping |
| Ultimate Frisbee | Field Games | Scavenger Hunt |

Afternoon Youth Recreation

$25. fee for 5 weeks

10-18 years of age

Location: Catskill Community Center

Day and Time: Tuesday - Thursday 2-7pm

The Community Center is offering an afternoon drop-in program for middle and high school students. The Rec Center and Gym will be open Tuesday through Thursday from 2pm-7pm. Additional programming such as music, cooking, and art will be available for youth to sign up and participate in.

Avoid the heat and meet up with friends in a safe, fun environment!

*Registration forms and detail can be found on our website*

*Please follow us on Facebook!*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| Free PlayDay -  play board games, basketball, playground, tag games, build legos and more! | Arts & Crafts -  Craft of the day led by our outstanding staff. Each week a new and different craft lesson. | Water Fun  Bring extra clothes and a towel for some wack wild water games! | Field Day  Children team up and compete in field games such as kickball, relay races, football toss and more! | Fun Fridays  Full of activities and games followed by a weekly movie and snacks. |

**Catskill Community Center**

**2019 Youth Summer Program**

Registration Form

**Please select your choice of program and submit completed registration along with your payment to**

**Catskill Community Center. Payment may be taken via phone with debit/credit card information.**

|  |  |
| --- | --- |
| Outdoor Fun - $175. for 5 weeks |  |
| Youth Recreation - $25. for 5 weeks |  |

The 2018 Summer Program is non-refundable and based on first come, first served.

**Child Name:**

First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle\_\_\_\_\_\_\_\_\_\_\_Last\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade \_\_\_\_\_\_\_ Birth date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ Age\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town/City \_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child lives with\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact information:**

**Parent/Guardian #1**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone \_\_\_\_\_\_\_\_\_\_Cell phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian #2**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone \_\_\_\_\_\_\_\_\_\_Cell phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information – Alternate Pickup/Release:**

**Emergency Contact #1**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact #2**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information:**

Please list medical problems, including any requiring maintenance medication

Medical Problem Required treatment call Paramedic?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes/No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes/No

**Insurance Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #\_\_\_\_\_\_\_\_\_\_\_Physician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes\_\_ No\_\_ If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child allergic to any type of food or medication? Yes\_\_ No \_\_ If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child require a special diet? Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Catskill Community Center** **Release and Waiver of Liability and Indemnity Agreement**

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the Catskill Community Center (CCC) (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the CCC, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, familiarize him/herself with the premises and facility or the affiliated program. It is further warranted that such entry into the CCC for observation or use of any facilities or equipment or participation in such affiliated program have been observed and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE CCC FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE CCC, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the CCC, its Directors, Officers, Employees, and Agents (hereinafter referred to as “releases”) from all liability to the undersigned or such children and all his or her personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the CCC.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about the CCC premises or in any was observing or using any facilities or equipment of the CCC or participating in any program affiliated with the CCC whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BOSILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releases or otherwise while in, about or upon premises of the CCC and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the CCC

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of New York and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representation, statements or inducement apart from the foregoing written agreement have been made.

**Photo Release**

I hereby give permission for my child to be photographed during the 2017 Summer Enrichment Program. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child’s photograph may be used for marketing purposes, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of The Catskill Community Center and its affiliates.

**Catskill Community Center Permission for Medical Treatment**

I authorize the Catskill Community Center to arrange for transportation in case of accident or acute illness of my child. If the CCC is unable to reach the designated contact to receive instruction for my child’s care, consent is given to any licensed physician and/or surgeon called or whom my child is taken, for treatment by him/her to administer drugs and medication, and to perform such surgical treatment as he/she shall think the existing emergency requires for pain relief and/or preservation of my child’s life, and/or health and well-being. Cost incurred for treatment of sudden illness or accident will be processed initially through my insurance prior to submitting claim to the CCC. This authorization and consent for treatment is given to the CCC in conjunction with any authorized event.

**\*\*\*I UNDERSTAND AND AGREE TO THE POLICIES LISTED ABOVE\*\*\***

**Signature of Applicant/Parent**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**