



## Catskill Community Center

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

[www.catskillcommunitycenter.org](http://www.catskillcommunitycenter.org)

### 2021 Summer Fun Recreation Program

Tuesday, July 6 – Friday, August 20

**7 weeks of outdoor fun for children completing grades K-5**

**What:** Volleyball, kickball, basketball, races, arts & crafts and more.

**Where:** Elliott Park, 131 Broome St., Catskill

**When:** Mondays – Fridays, 8:00 a.m. - 3:00 p.m.

**Who:** Preference given to children living in the Town of Catskill; waiting list available for others. Limit of 40 children accepted.

**Cost:** \$75/child (reduced to \$50/child after the first child in a family). Scholarships available for those who need them.

**To Register:** Please fill out the attached form and return to the **Catskill Community Center, P.O. Box 389, Catskill, NY 12414**, or deliver through the mail slot at the Greene County Chamber of Commerce, 327 Main Street, Catskill. Questions gladly answered: please send an email to: **[office@catskillcommunitycenter.org](mailto:office@catskillcommunitycenter.org)** or call Margaret Tomlinson at 503-808-0026.

**Registration Deadline:** Friday, June 18

**Catskill Community Center**

**2021 Summer Fun Recreation Program**

**Registration Form**

**Parent or Guardian enrolling child:**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Town/Village: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

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

**Parent or Guardian #2 (if authorized to pick up your child and serve as an emergency contact):**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Town/Village: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

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

**Number of children in the family who are registering for the Summer Fun program:** \_\_\_\_\_

Cost for first child = \$75; cost for each additional child in a family = \$50. Total enclosed: \$ \_\_\_\_\_

***The registration fee is non-refundable.*** Due to Covid-19 precautions, we will be unable to move the program indoors on rainy days and will therefore cancel the day's program when rain or extreme high temperatures are forecast. Our low price reflects the likelihood of a number of weather-related cancellations. Cancellations may also occur if, in our best judgment, we must do so in order to protect the safety of children and their families.

**Child's Name** (please circle the name the child goes by):

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Nickname, if any: \_\_\_\_\_

Child lives with: \_\_\_\_\_

Home Address: \_\_\_\_\_ Town/Village: \_\_\_\_\_

Age: \_\_\_\_\_ Grade level completed: \_\_\_\_\_

**Alternate Pick-Up/Release & Emergency Contact** (please list any other person who is authorized to pick up your child or serve as an emergency contact if we are unable to reach you):

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Authorization: May pick up my child: \_\_\_\_\_ May be called in an emergency: \_\_\_\_\_

**Medical Information:**

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

\_\_\_\_\_

Does your child require a special diet? Yes / No If yes, please explain:

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason? Yes / No

Condition(s): \_\_\_\_\_

Medication and/or care required: \_\_\_\_\_

\_\_\_\_\_

Call paramedic? Yes / No

**If registering more than one child, please use additional page(s) at the end of this form.**

**Rules of the CCC's Summer Fun Recreation Program**

**Please read carefully:**

1. Parents are expected to send the following items with each child to the program each day:
  - a half-gallon container of drinking water
  - a mid-morning snack
  - a sack lunch
2. Written notices to parents of any swim days, rain cancellations, and other important information may be sent home with children or the parents/guardians picking up the children from the park. Parents agree to instruct their children to give them any such notices and to follow up to make sure they receive these notices.
3. When notified of a swim day, parents will send a bathing suit or other suitable swim clothing with their child to the program on that day.
4. No child may attend the Summer Fun program while ill. Parents will not bring an ill child to the park, and will promptly pick up their child if notified that their child is ill. Parents will notify CCC

when dropping off their child if they know the child to be suffering from allergy symptoms, lack of sleep, or other non-infectious conditions that may mimic symptoms of contagious illness while attending the program.

5. Parents will promptly notify the CCC if their child or anyone with whom the child has been in recent close contact (less than six feet of distance indoors within the previous two weeks) tests positive to Covid-19 or if the child or such a person exhibits symptoms that lead them to suspect a Covid-19 infection.
6. Parents and children will cooperate in allowing staff to use contactless temperature monitoring devices to check the children's temperatures on arrival at the park.
7. Children are expected to wash their hands at the following times:
  - on arriving at Elliot Park, after their temperature is checked
  - before eating
  - after eating
  - after blowing their nose, coughing or sneezing
  - after using the toilet
  - whenever asked to do so by CCC staff
8. CCC understands that young children may find it difficult to maintain a safe distance between themselves and other people to avoid spreading contagious illnesses; parents will instruct their children to follow the instruction of CCC staff if they are asked to move farther away from another person or to move to a smaller group of children.
9. CCC does not tolerate behavior that is dangerous or insulting to other children. Any child who deliberately attempts to injure another child, who uses hate language to another child, or who flagrantly disobeys staff instructions may be expelled from the program, with no refund given.
10. Persistent failure to follow any of the above rules may result in a child being expelled from the program, with no refund given.

**Please carefully read and sign the following Release:**

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

#### **Parent/Guardian Agreement**

1. I hereby give permission for my child or children to attend the Summer Fun recreation program operated by the Catskill Community Center ("CCC") and to participate in all activities that are part of the program.
2. I agree to abide by all of the rules of the Summer Fun recreation program listed above and to instruct my child(ren) to abide by all of the rules of the Summer Fun recreation program, whether listed above or communicated to them by CCC staff.

3. I understand that the Catskill Community Center reserves the right to terminate services offered to my child for any reason which in its INDEPENDENT judgment makes such a decision appropriate including but not limited to insufficient enrollment, inclement weather forecasts, behavioral issues, or lack of resources to fund the programs.
4. I understand that there is an unavoidable risk of injury for any child participating in outdoor sports such as kickball, basketball, races, swimming, and similar activities. I hereby release, waive, discharge FROM LIABILITY and agree not to sue the Catskill Community Center, its Directors, Officers, Employees, and Agents (hereinafter referred to as "releasees") from all liability to the undersigned or to the undersigned's children and all his or her personal representatives, assigns, heirs, and next of kin (hereinafter referred to as "releasers") for any loss or damage, and from any claim or demands therefore on account of any injury to the releasers or damage to property or resulting in the death of the releasers, whether caused by the negligence of the releasees or otherwise while the releasers or his or her children are in, upon, or about the premises or any facilities or equipment where the program is taking place or participating in any program affiliated with the CCC.
5. I understand that there is an unavoidable risk of exposure to the Covid-19 virus and/or other contagious illnesses as a result of people gathering in groups. Releasers hereby release, waive, discharge and agree not to sue releasees from all liability to the releasers for any loss or damage, and any claim or demands therefore on account of any illness or injury suffered by any releasers, whether caused by the negligence of the releasees or otherwise while the releasers are in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the CCC.
6. I further expressly agree that this Release and Waiver of Liability 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.
7. I have carefully read and am voluntarily signing this Release and Waiver of Liability and Indemnity Agreement, and I agree that no oral representation, statements or inducement apart from the foregoing written agreement have been made.

### **Photo Release**

I understand the Catskill Community Center may use images of program participants in various media, including but not limited to photographs and videos, in print media, and on the Catskill Community Center's website, Facebook page, and other social media pages and formats, and I consent to this use of my child(ren)'s images by the CCC in this manner without compensation, unless I have specifically opted out.

**To opt out**, please indicate here: \_\_\_\_\_ I do not consent to the use of my child(ren)'s images by the CCC.

**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 to 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 the Summer Fun recreation program or any other authorized event sponsored by the CCC in which my child participates.

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

Signature of Applicant/Parent:

\_\_\_\_\_ Date: \_\_\_\_\_

Please print name here: \_\_\_\_\_

Name(s) of child(ren): \_\_\_\_\_

\_\_\_\_\_

**Additional Child To Be Registered**

(Please copy form as needed and submit one for each additional child after the first in a family)

**Child** (please circle the name the child goes by):

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Nickname, if any: \_\_\_\_\_

Child lives with: \_\_\_\_\_

Home Address: \_\_\_\_\_ Town/Village: \_\_\_\_\_

Age: \_\_\_\_\_ Grade level completed: \_\_\_\_\_

**Alternate Pick-Up/Release & Emergency Contact** (please list any other person who is authorized to pick up your child or serve as an emergency contact if we are unable to reach you):

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Authorization: May pick up my child: \_\_\_\_\_ May be called in an emergency: \_\_\_\_\_

**Medical Information:**

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

\_\_\_\_\_

Does your child require a special diet? Yes / No If yes, please explain:

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason? Yes / No

Condition(s): \_\_\_\_\_

Medication and/or care required: \_\_\_\_\_

\_\_\_\_\_

Call paramedic? Yes / No