

# 2024 Town of Marion Summer Recreation Program

## REGISTRATION PACKET



This packet contains all the necessary information and forms to register for Summer Rec 2024. Please complete all necessary forms and return by May 31st, 2024. Please use this checklist to help you complete your registration.

- ☐ Basic Information form
- ☐ Emergency Contact information
- ☐ Health form
- ☐ Immunization records
- ☐ Payment
- ☐ Shirt size
- ☐ Parental drop/off pick up consent form

Contact Summer Johnson, Town Supervisor ([sjohnson@townofmarionny.com](mailto:sjohnson@townofmarionny.com)) or Margi Taber, Parks Committee Chair ([mtaber@townofmarionny.com](mailto:mtaber@townofmarionny.com) )

## 2024 Town of Marion Summer Recreation Program

**Who:** For all kids **entering** kindergarten up to 6th grade (2024-2025 school year) attending Marion Central School District and Homeschoolers.

**What:** This 6-week summer day camp program. Monday-Friday, with field trips, games, activities, crafts and fun themed days.

**Where and When:** At the Marion Town Park- July 8th- August 16th, 2024- 8:30am-3:00pm daily.

**Price:** \$25 per week

\$150 for all 6-weeks

This price includes the cost of field trips, Free lunch provided by Marion Central school and snacks. Limited number of scholarships are available if your family cannot afford the cost. You will need to show proof of your child(ren) receiving free lunch from the school district. **Due to limited space, there will be no price difference for half day attendance and priority for half day attendance will be given to those attending Marion Summer School program.**

Registration packets are available at Town Hall, requested on our website, [www.townofmarionny.com](http://www.townofmarionny.com) and printable from our Town of Marion Facebook page.

\*Due to a limited number of attendees, registration is on a first come basis with full payment for the 6-week program. **All forms, including parent consent pick-up, medical and shirt sizes are due May 31st 2024.** No late registration will be accepted. all forms must be submitted, missing or incomplete forms will not be not processed.

Contact Summer Johnson, Town Supervisor ([sjohnson@townofmarionny.com](mailto:sjohnson@townofmarionny.com)) or Margi Taber, Parks Committee Chair ([mtaber@townofmarionny.com](mailto:mtaber@townofmarionny.com) )

## 2024 Town of Marion Summer Recreation Program

Please be sure to fill out ALL sections of this application (missing information will not be processed)

Mail to: Town of Marion  
Attn: Summer Recreation  
PO BOX 260  
Marion, NY 14505

Email to: [sjohnson@townofmarionny.com](mailto:sjohnson@townofmarionny.com)

**COST:** \$25 PER WEEK, \$150 6-WEEKS

Make checks payable to Town of Marion

**Due by:** May 31st 2024- ***NO LATE SUBMISSIONS***

Full Name of Child \_\_\_\_\_ Nickname \_\_\_\_\_

Grade Entering Fall 2024 \_\_\_\_\_ D/O/B \_\_\_\_\_ Age \_\_\_\_\_

Gender \_\_\_\_\_

Name of Parent(s)/Guardian \_\_\_\_\_

Home Address \_\_\_\_\_

Work Name \_\_\_\_\_

Work Phone Number During Program Hours \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Race (Choose One)

White

Black or African American

Hispanic or Latino

American Indian or Alaskan Native

Asian

Native Hawaiian or Pacific Islander

**Shirt Size:** Youth S M L XL 2XL

### **Health History**

Contact Summer Johnson, Town Supervisor ([sjohnson@townofmarionny.com](mailto:sjohnson@townofmarionny.com)) or Margi Taber, Parks Committee Chair ([mtaber@townofmarionny.com](mailto:mtaber@townofmarionny.com))

## 2024 Town of Marion Summer Recreation Program

This form must be completed as mandated by the New York State Department of Health. All sections must be completed by the parent/guardian of the minor child attending. This will help our staff in assisting your child in the event of a medical emergency. **All sections must be completed along with a completed list of immunization records in order for your child to attend camp.**

### Emergency Contact (who should we contact should you be unavailable)

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

### Medical Information

Physician's name \_\_\_\_\_

Phone No. \_\_\_\_\_

Date of last physical exam \_\_\_\_\_

Please list any medications your child is currently taking and the dosage \_\_\_\_\_

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**Please submit a copy of your child's immunization records from your doctor or school. Please note any allergy or medical information we need to be aware of for your child.**

## 2024 Town of Marion Summer Recreation Program

Please answer Yes or No to any of the following medical conditions (past and current)

Frequent ear infections	Yes	No
Heart defect/disease	Yes	No
Seizures	Yes	No
Diabetes	Yes	No
Bleeding/clotting disorders	Yes	No
Hypertension	Yes	No
Chicken pox	Yes	No
Chronic nosebleeds	Yes	No
Kidney problems	Yes	No
Asthma inhaler?)	Yes	No (If Yes, do they use a respiratory

### **Allergies**

Hay fever	Yes	No
Poison ivy	Yes	No
Insects stings	Yes	No
Penicillin	Yes	No
Food	Yes	No

(If yes to any of the above, Does your child have and carry an Epinephrine Pen? If so, please provide one while at camp)

Operations of serious injuries (date and description) \_\_\_\_\_  
\_\_\_\_\_

Disability/recurring/chronic illness \_\_\_\_\_  
\_\_\_\_\_

Any Limitations on activities \_\_\_\_\_  
\_\_\_\_\_

Can you child(ren) swim      YES      NO

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## 2024 Town of Marion Summer Recreation Program

**EMERGENCY AUTHORIZATION:** This health history is correct to the best of my knowledge. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, and treatment for my child, and in the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and order injection and/or anesthesia for my child as named above. This form may be photocopied for use at camp.

**SIGNATURE** of parent/guardian\_\_\_\_\_

**DATE** \_\_\_\_\_

\*\*If for any religious reasons you cannot sign this authorization, a legal waiver must be signed

\*\*\*\*\*

### OFFICE USE ONLY

- ☐ Registration form complete
- ☐ Health History completed
- ☐ Immunization record attached
- ☐ Emergency authorization signed
- ☐ Camp Shirt size completed
- ☐ Full payment received
- ☐ Partial payment received
- ☐ Contact information provided
- ☐ Drop of/pick up consent form completed

Date completed \_\_\_\_\_

- ☐ Check      check No. \_\_\_\_\_
- ☐ Cash
- ☐ Credit card
  - ☐ Credit authorization form completed

## 2024 Town of Marion Summer Recreation Program

### Credit Card Authorization Form

Name \_\_\_\_\_

Address (with zip code)

\_\_\_\_\_  
\_\_\_\_\_

☐ **Master Card**

☐ **Visa**

☐ **Discovery**

☐ **Amex**

Credit Card No. \_\_\_\_\_

Expiration date (MM/YY) \_\_\_\_\_

CVC (3-digit code) \_\_\_\_\_

AMOUNT TO BE CHARGED \_\_\_\_\_

**I hereby authorize The Town of Marion to charge the above credit card with the amount charged as indicated above with a flat rate of \$1.75 processing fee for anything less than \$64.00 and a processing fee of 2.75% for more than \$64.00. A mailed receipt will be provided.**

**Signature of:** \_\_\_\_\_

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

# 2024 Town of Marion Summer Recreation Program

## Drop off/Pick up Consent Form

To ensure everyone's safety, there is a “drop off/pick up” policy. Please provide a list of approved people who will be responsible for picking up your child (up to 2). You may update this list at any time by emailing the director or simply providing a note the day of. We do ask that updates and daily changes be held to a minimum, to help the flow of the pick up line throughout the summer. All camp attendees K-4 must be signed in during drop off and picked up by an adult. All summer rec attendees MUST be picked up by an adult. Please return this form with your registration.

Child's name

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I give the following permission to pick up my child or drop off the above child(ren) to and from Marion Summer Recreation Day Camp.

Name	Relationship	Phone No.
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- |    |       |  |
|----|-------|--|
| 1. | <hr/> |  |
| 2. | <hr/> |  |

Parents Signature 

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### Alternative Options for 5th and 6th graders

Some children (5th & 6th graders) are allowed to walk or ride their bikes to and from camp. If they choose to ride their bikes or walk, we must have permission from a parent for this to be permissible. Permission only has to be given once.

\*All children riding a bike must have the proper safety equipment (helmets)

Parents Signature 

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