



MALTA SUMMER RECREATION REGISTRATION PACKET 2016

IMPORTANT DEADLINES

REGISTER BY:	Monday, June 6, 2016 for regular fees.
LATE REGISTRATION:	Tuesday, June 7, 2016 – Tuesday, June 14, 2016 with an added late fee of \$25 per child.
REGISTRATION DEADLINE:	Tuesday, June 14, 2016

Welcome to the Town of Malta Summer Recreation Program for 2016. Enclosed you will find all of the necessary forms to register your child for the summer program. Information on how to register is included in the Parent Handbook available at the Malta Community Center. Please review this important document. Children register for the grade they enter in September 2016.

The Malta Summer Recreation Program will be held from Wednesday, July 6, 2016 - Friday, August 12, 2016. Hours are from 9:30 - 12:30 pm. Trips may extend the day.

Malta Community Park is composed of the following three groups: Kindergarten- Grade 2, Grades 3-5, and the Summer Blast Teen Program Grades 6-9.

Shenantaha Creek Park is composed of the following three groups: Kindergarten-Grade 2, Grades 3-5, and the Summer Blast Teen Program Grades 6-9.

Summer Blast Teen Program for Grades 6-9 meets Monday-Thursday. Exception: Teen Camp will meet on Friday, July 8.

Read over the registration form carefully. Make sure you and a witness sign both places on the back page. If you have any questions, please call the Department of Parks & Recreation at 899-4411.

- Your registration form must include: (See above regarding late registration fees and final registration date)
- proof of residency (this can be a current tax or utility bill with your name and address on it)
 - a current immunization form with your child's name on it (you must provide this every year)
 - proof of legal guardianship, if applicable
 - \$75 registration fee per child (resident) or \$150 per family maximum (resident)
 - \$265 registration fee per child (non-resident)
 - Signature and witness lines signed and dated

Registration Fees are Non-refundable.

Any registration forms received that are not signed or are without proof of residency, immunization forms, registration fee(s) and appropriate signatures will be returned as incomplete. We cannot hold incomplete registration packets. Please do not have immunization records faxed to the office.

Payment can be in the form of cash, check or credit card. We accept MasterCard, Discover and Visa. So all children can participate in and benefit from positive recreation activities, financial assistance is available for families in need. Call the Parks and Recreation Department at 899-4411 for information.

All forms are available at www.maltaparksrec.com and www.malta-town.org

MALTA SUMMER RECREATION REGISTRATION FORM 2016

I. PARTICIPANT INFORMATION

CHILD'S INFORMATION	First	Last		
Sex M ___ F ___	Date of Birth ___/___/___	Age	Grade for September 2016- June 2017	
HOME ADDRESS	Street		Apt. #	
	City	State	Zip	

II. PARENT / GUARDIAN INFORMATION

NAME	First	Last		Home Phone ()
Street	Cell ()	Date of Birth ___/___/___	Work Phone ()	
City	State	Zip		E-mail
NAME	First	Last		Home Phone ()
Street	Cell ()	Date of Birth ___/___/___	Work Phone ()	
City	State	Zip		E-mail

III. CHILD'S MEDICAL INFORMATION

INSURANCE	Group Name	ID Number
MEDICAL INFO	Please list any Allergies, Medical Problems or other Conditions	
PHYSICIAN'S INFORMATION	Name	Address
	Phone ()	

IV. EMERGENCY CONTACT INFORMATION (MUST LIST TWO OTHER THAN YOURSELF)

NAME	First	Last		Home Phone ()
Street	Cellular or Pager ()		Work Phone ()	
City	State	Zip	E-mail	Relationship to child
NAME	First	Last		Home Phone ()
Street	Cellular or Pager ()		Work Phone ()	
City	State	Zip	E-mail	Relationship to Child

V. CAMP LOCATION Malta Community Park Shenantaha Creek Park

VI. Please list the names of people authorized to pick your child up: _____

Office use only: Proof of Residency _____ Immunization Form _____ Date Received: _____

Notes: _____

**PLEASE READ THE FOLLOWING CAREFULLY. BY SIGNING BELOW,
YOU AGREE TO THE FOLLOWING WAIVER**

I hereby grant permission for my child to participate in the Malta Summer Recreation Program and acknowledge all rules, regulations and directives of the program. I have received the parent handbook and will familiarize myself with the program guidelines. _____ **(Please initial)**

I assume, for and on behalf of my child, all risks and hazards incidental to such participation. I also recognize the difficulties and challenges involved in the outdoor, sports programs and camps, and that my child is sufficiently physically and psychologically fit to participate and has not been advised otherwise by a physician. Although the Town of Malta endeavors to provide nut free programs, I understand that the Town cannot guarantee that the program or the premises in which it is held is totally free of exposure to nuts and nut-products.

I agree to indemnify and hold harmless the Town of Malta, its employees and personnel from any and all claims, causes of action, liability for injuries or damages which may arise as a result of participating in this summer recreation program and its trips and activities, including, but not limited to, reasonable attorney's fees and the costs and disbursements of any legal actions. I do hereby waive, relinquish, release, discharge, and hold harmless from any and all liability, for any physical or mental injury or aggravation of any pre-existing illness, handicap, death, loss of enjoyment, or any other harm or loss of nature which may be sustained by my child while participating in the Summer Recreation Program. The scope of this agreement extends to any actions taken by the Town of Malta Parks & Recreation Department, the Town of Malta, its employees, personnel, volunteers, and the instructor of any class or activity in responding to any emergency and/or medical situation or event. I further agree that they may act in an emergency as best fits the situation in the event either myself or emergency contact cannot be timely reached.

→Parent/Guardian Signature _____ Date _____

→Witness Signature _____ Date _____



I give my child permission to ride his/her bike, walk or skate to the Malta Summer Recreation Program.

SPECIAL ACCOMMODATIONS: The Town of Malta Parks and Recreation Department supports the 1992 Americans with Disabilities Act. Please briefly describe any special accommodations your child may need to participate and someone will contact you. _____

MEDICAL INFORMATION: Please describe any allergies, medical problems, or other conditions, such as behavioral or anxiety disorders of which counselors should be made aware. Use a separate sheet if necessary.

PERSONAL INFORMATION: Please describe any personal situations that we need to be aware of, such as a restraining order, problems with other children, etc. Use a separate sheet if necessary.

SPECIAL FRIENDS THAT YOUR CHILD WOULD LIKE TO BE PLACED WITH: Please select no more than two friends for this list. The child must be in the same grade level as your child. We will do our best to accommodate. _____

MEDICATION AUTHORIZATION FOR THE USE OF EPI-PENS &/OR INHALERS

This form is to be filled out **ONLY** if your child needs to carry an epi-pen or an inhaler and must be completed by your child’s physician.

The Town of Malta Summer Recreation Program is a day camp and Malta staff is not allowed to dispense medication. The Department of Health regulations prohibit the administration of medicine, including but not limited to Benadryl, Tylenol, aspirin, Advil, or Motrin by an unlicensed individual. The two exceptions are asthma inhalers and epi-pens which camp personnel are permitted to assist in administering. This form is for permission to carry **ONLY** epi-pens and/or inhalers. No other medication can be brought to camp.

*** It is important that your child is educated about the signs and treatment of anaphylaxis as this knowledge will significantly improve the safety of your child. You are required to bring your child into the Department of Parks, Recreation and Human Services office to either; demonstrate that they can self-administer the epi-pen and/or inhaler or, if they are too young, to demonstrate that they can tell people around them about their allergy and what they can do in the event of an emergency (for example, notify their counselor of an exposure, any trouble breathing, etc.). This is required before June 30, 2016 or your child may not be allowed to attend camp on the first day.**

THE FOLLOWING SECTION IS TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN

Physician’s Information	Name	Address	Phone ()
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My child ___HAS___ HAS NOT been trained to self-administer their Epi-pen.

I have read and agree to the medical authorization above.

Parent/Guardian Signature Date Home Phone # Emergency Phone #

Witness Date

THE FOLLOWING IS TO BE COMPLETED BY THE PHYSICIAN

Diagnosis for which epi-pen and / or inhaler is given: _____

Name of Medication _____

Form _____ Dose _____

If epi-pen and / or inhaler is to be given “WHEN NEEDED” describe indications _____

How soon can medication be repeated? _____

Has child been trained to self-administer? _____

List significant side effects _____

Other Information _____

Date Physician’s Signature

EXPIRATION DATE OF MEDICATION _____