

Summer Playday Authorization Information – 2022

Name of Camper: _____ Jr. Playday _____ Playday _____ Sr. Playday _____
(Grade K-2) (Grade 3-5) (Grade 6-8)

Medical Authorization

This authorizes a licensed physician, surgeon or other recognized hospital staff member to carry out emergency medical care deemed necessary for my child/ren in an emergency when normal permission is unavailable.

Waiver Read and Accepted _____ initial

Make sure current (last 12 months) immunization papers are available at time of registration. Registration will not be accepted/completed unless a recent immunization is submitted.

No camper will be allowed to attend if recent immunization records have not been submitted before camp starts.

Read and understand _____ initial

Notices

- If your child has had their COVID-19 vaccination, please provide a copy of that documentation at the first week of camp.
- Sunscreen/Bug Spray Permission – Please apply sunscreen to your child before arriving at camp each day. If you wish your child to have sunscreen or bug spray reapplied throughout the day, please send a bottle with their name on it to be kept at camp for the summer. A consent question will be asked during the registration process.
- Medication Administration – Please contact the Playday Coordinator to discuss individual needs.

Parent/Guardian Name: _____

Give permission for your child to be photographed or video recorded? Yes/No (No social media allowed)

T-Shirt Size? Please circle size. Tees run small (2 shirts included with registration)

Youth Med Youth LG Adult SM Adult MD Adult LG

Family Physician with phone number: _____

Special Instructions (i.e.: allergies, asthma, eye glasses, etc.) _____

Sport Camp during camp time? If yes, where, days, times and will they need to be picked up/dropped off?

Resident/Non-Resident of Skaneateles School District? Resident _____ Non-Resident _____

Emergency Contact (besides parent/guardian) Name and Phone number

Pick Up Authorization (Name & Relationship – up to 3)

1. _____ 2. _____ 3. _____

Permission to ride bike or walk home? Yes _____ No _____

Has your child received a COVID-19 vaccination? Yes _____ No _____

If yes, please provide a copy of that documentation at the first week of camp.

Give permission for camp staff to re-apply sunscreen to your child if unable to apply independently? Yes _____ No _____

Give permission for camp staff to re-apply bug spray to your child if unable to apply independently? Yes _____ No _____

What grade will your child be in for the 2022-2023 school year? _____

Town/School District Resident - \$280.00 per camper Non-Resident - \$350.00 Total _____

Parent/Guardian Signature _____ Print Name _____

Date _____

Checks made payable to: Town of Skaneateles

Please mail this form, check and current immunization records* to:

Town of Skaneateles
Parks Department - Playday
24 Jordan Street
Skaneateles, NY 13152

***Registration will not be accepted if immunizations are not included with registration.** No faxes or emails will be accepted.

Any question, please contact the Parks Department – 315.685.1949 or email recreation@townofskaneateles.com.