

John Southard Youth Recreation Commission (JSYRC)

Summer Program

(607) 776 – 6441 Ext. 302

2017 Registration Form

The John Southard Youth Recreation Commission Summer Program serves children living in the Village and Town of Bath ages 5-15.

Child's name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_

T-Shirt Size (S, M, L, XL Youth/Adult) \_\_\_\_

M\_\_\_ F\_\_\_

Grade: \_\_\_\_ (Going into) School \_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_

Parent E-mail Address: \_\_\_\_\_

Address: (if different from child's) \_\_\_\_\_

Home Phone #: (if different from child's) \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Ext. \_\_\_\_\_

Child Care Provider: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

LIST THE NAME OF ADULTS who may pick up your child from the program without a note and who are emergency contacts:

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

I give permission to photograph my child for the program activities, for newspaper and television releases and educational publications.

Yes  No

**If your child misses more than 2 of their scheduled trips, then they will be dropped from all remaining trips unless the coordinators are given at least two business days' notice at 607-776-6441 ex 302.**

In addition, Bath Area Hope For Youth is required to fill out an Annual Report.

Please Check one of the Following that pertains to you:

\_\_\_ American Indian or Alaskan Native (AI) \_\_\_ Black (B) \_\_\_ White (W)

\_\_\_ Asian or Pacific Islander (A) \_\_\_ Hispanic (H) \_\_\_ Other (O)

Child's Physician: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

**SPECIAL INFORMATION:**

Illness, Disabilities, Allergies:

\_\_\_\_\_

\_\_\_\_\_

Medications/Prescriptions Taken Regularly:

\_\_\_\_\_

Diet habits, activity restrictions, behavior concerns:

\_\_\_\_\_

\_\_\_\_\_

**Sunscreen should be applied \_\_\_ times throughout the day and I will provide this each day.**

**Bug spray can be applied to my child when needed (i.e. Trips to wooded areas)**

Yes  No

In case of accident, injury, or medical emergency when parents and persons of designated cannot be reached, the program may authorize emergency medical treatment (i.e. take to the hospital).

Yes  No

**I hereby certify that the above information is correct and give permission for my child to be transported in privately owned vehicles for medical emergencies only. I understand that every effort will be made to contact the parent/guardian. If one cannot be contacted, I hereby give permission for a qualified physician to secure proper treatment for my child.**

**Parent/Guardian**

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

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

My child has permission to walk home after the completion of the field trips /arts & crafts/tennis:

Yes  No

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**PARENTAL PERMISSION AND RELEASE FORM**

I, as parent/guardian of \_\_\_\_\_  
(Child's Name)

do hereby recognize that John Southard Youth Recreation Commission (JSYRC) is sponsoring the Summer Recreation Program 2017 field trips, arts & crafts activities for the youth of Bath, and that my child is between the ages of 5 and 15.

I hereby release and hold harmless Bath Area Hope for Youth, their employees and representatives from any and all liability, which may be incurred, by my son/daughter or my property as a result of participation in the following sponsored event(s):

**Circle all that apply**

- Field Trips
- Arts & Crafts
- Tennis Program

I also grant permission for \_\_\_\_\_  
(Child's Name)

to receive qualified medical treatment in the case that I cannot be reached in an emergency. I hereby agree that either Bath Area Hope for Youth, the Village of Bath, or John Southard Youth Recreation Commission (JSYRC) cannot be held liable for any medical coverage expenses.

I will allow a chaperone to apply (circle choices below)

**Sunscreen**

**Bug Spray**

to \_\_\_\_\_  
(Child's Name)

\_\_\_\_\_ times a day

I will provide the items I wish to be applied each day, with the child's name clearly on the bottle.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

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**2017 BEHAVIOR CONTRACT**

**Code of Conduct:**

- ◆ The possession or consumption of alcoholic beverages or the possession or use of illegal drugs or drug paraphernalia or the possession of weapons will not be tolerated. Failure to comply will result in *IMMEDIATE DISMISSAL* from the event and suspension from the Summer Program for the remainder of the 2016 summer.
- ◆ CIGARETTE SMOKING AND CHEWING OF TOBACCO WILL NOT BE ALLOWED.
- ◆ Participants must attend and remain with chaperones during all scheduled activities and events and remain in areas of the program designated for this event.
- ◆ Participants are expected to obey the direction of all chaperones, staff, bus driver or any adult in charge.
- ◆ Appropriate behavior and language are expected. No dangerous or rough play will be allowed.
- ◆ Final decisions regarding acceptable behavior and consequences are the responsibility of the Program Coordinators.
- ◆ **Respect, Honesty and Dignity** is expected towards everyone, whether they are part of our group or not.
- ◆ **If your child does not show up for two trips and no phone call is made to notify the co-coordinators, your child will be dropped from all remaining trips.**

**2017 Discipline Policy:**

- Depending on the severity of the behavior exhibited, the child and parent(s) will need to report to a mandatory meeting with both Co-Coordinators and the JSYRC Director to determine the solution before the next group outing.
- Child must be present for the meeting if one occurs.
- **Expulsion, Suspension, or other loss of privileges** from the Summer Program for the current year may be a result based on JSYRC Official rulings.

I, \_\_\_\_\_ agree to abide by the following

**(Child's Name)**

rules while attending any of the Summer Program activities: Field Trips, Arts & Crafts and Tennis. I understand that if I do not follow the above rules then I will not be allowed to attend future activities.

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

We have read the information/expectations and agree to abide by the Code of Conduct. If these rules are violated, we accept responsibility for the behavior and will arrange, at our own expense, for the transportation of the child if he/she is dismissed from the event. **I understand that I will be notified by phone if there is a behavior issue and if the behavior continues or it is determined that if the child needs to leave the program I will be responsible for going to pick up my child from the event regardless of where the event is held for that day.** We also understand that the Summer Recreation program is voluntary and is being offered as a privilege that may be taken away. Inappropriate behaviors will not be tolerated and will result in dismissal from **ALL** Summer Program Field Trips, Arts and Crafts, and Tennis.

**Parent/Guardian Name:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

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

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**\*\*\*PLEASE ONLY COMPLETE THIS FORM IF IT APPLIES TO YOUR FAMILY,  
 OTHERWISE LEAVE BLANK\*\*\***

## 200% poverty for 2016-2017

**Number of individuals in household \_\_\_\_\_**

Number of people	Annual Income	Monthly Income
1	\$24,120	\$2,010
2	\$32,480	\$2,706
3	\$40,840	\$3,403
4	\$49,200	\$4,100
5	\$57,560	\$4,796
6	\$65,920	\$5,493
7	\$74,280	\$6,190
8	\$82,640	\$6,886
Each Extra Person	\$8,360	\$696

By signing this, I am swearing, under penalty of perjury, that I have examined the above 2017 HHS Poverty Guideline table and that based on my income level and family size I am eligible for services provided to those individuals/families at or below the **200%** of poverty income guidelines.

\_\_\_\_\_  
 Signature DATE \_\_\_\_\_

\_\_\_\_\_  
 Printed Name

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## JSYRC Photo/Media Release

Please sign this form allowing Bath Area Hope for Youth and JSYRC permission to use images (photo or video) of you or an individual for whom you are responsible for purposes as noted below:

Photographs and/or videos may be used for historical, educational, biographical, informational or promotional purposes in a variety of multimedia, including but not limited to: print (flyers, posters, brochures, newsletters, and annual reports), television (ads or interviews), online (Web pages, social media), and/or in presentations for live audiences (PowerPoint or similar software).

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Permission granted to use images in media forms listed above for \_\_\_\_\_.  
(Name)

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Printed Name

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Signature

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I do not wish to grant permission of use of images of any kind on any of the listed media forms for \_\_\_\_\_.  
(Name)

---

Printed Name

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Signature

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