



Mayor

Scott P. Strauss

Trustees

Paul S. Cusato

Paul A. Pereira

George A. Durham

Dennis J. Walsh



Important
Telephone
Numbers



Recreation Office

(before 13)

746-0750

ext. 268 or 237



(after June 13)

746-1576

John S. Davanzo

Community Pool

746-0785



Village
of
Mineola



2015
Summer
Recreation
Program



Highlights of the Program

WEEKDAYS: Monday - Friday
July 6th to August 7, 2015

COST: \$175.00 for one child, \$75.00 for each additional child.

(this includes 2 t-shirts per camper)

TIME: 9:00 a.m. - 12:30 p.m.



Please Note: A \$25.00 late fee will be charged per child registering after the deadline of June 5, 2015. Registering once the camp begins the late fee will be \$50.00 per child.

ENROLLMENT: All residents of the Incorporated Village of Mineola are eligible to participate providing the child is ENTERING THE 2ND THROUGH 7TH GRADE and must have a 2015 Leisure pass.

REGISTRATION: Only completed applications will be accepted and children will be chosen on a first come, first serve basis. Applications MUST be returned no later than FRIDAY, JUNE 5, 2015.

MAKE CHECKS PAYABLE TO: Incorporated Village of Mineola and mail or drop off along with the COMPLETED APPLICATION to 155 Washington Avenue Mineola, NY 11501. There will be no refunds

CHANGE OF CAMP LOCATION: If extreme heat (90 degrees or above) or inclement weather is forecast, a sign and flag will be posted at each entrance of the park indicating the program will be held at the Community Center located at 155 Washington Avenue Mineola. Please make arrangements for your child to go to the Community Center. Please call the Recreation Office @ 746-0750 ext.268 or 237 after 8:30 a.m. to confirm the location of the program. If the camp is being held at the park and it begins to rain, thunder or lightning after the program is in session, CHILDREN MUST BE PICKED UP IN THE POOL FACILITY IMMEDIATELY.

WEEKLY ACTIVITIES: Swimming, team sports, arts & crafts, volleyball, basketball, soccer, hockey, water games, organized activities, board games, tie-dye, group trips to the bowling alley (all grades) Movie Theatre (2nd through 4th grade) & Q-Zar (5th through 7th grade) and many other new & exciting recreational and fun activities are being planned for this summer.

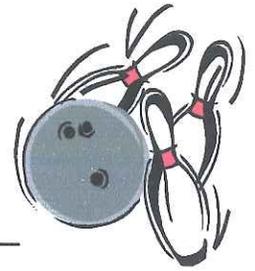
SECURITY & SAFETY: Children are required to wear the program t-shirt to all activities. Please do not allow your child to bring valuable personal items e.g. i-touch, i-pads, cell phones and or roller blades, skates boards etc. We cannot be responsible for any personal item lost, stolen or damaged.

EXTRA T-SHIRTS: Extra t-shirts will be available for purchase on the first day of camp. The cost for additional t-shirts is \$5.00 per shirt.

** INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED **



2015 Summer Recreation Program



Name: _____ Phone: _____

Address: _____ Date of Birth: _____

Grade entering September 2015: _____ School Attending Sept. 2015: _____

I would like to request my child be placed in the same group as: _____

(PLEASE ONLY SELECT ONE NAME. All requests will be considered however, are not guaranteed and may be changed at any time before or during the program)

T-Shirt Size (circle one)

Please note: size ordered cannot be exchanged.

CHILD - S (6-8 runs very small)

CHILD - M (10-12)

CHILD - L (14-16)

CHILD - X-L (18-20 same as adult small)

ADULT - M

ADULT - L

ADULT - X-L

Mother's Name: _____ Father's Name: _____

Cell Phone: _____

Cell Phone: _____

***** YOU MUST HAVE A 2015 LEISURE PASS TO ENROLL IN THIS PROGRAM *****

PLEASE SUBMIT A COPY OF YOUR CHILD'S 2015 LEISURE PASS ALONG WITH THIS COMPLETED APPLICATION.



** If your child has any special needs regarding education, emotional, health or physical limitations please enclose a separate letter of explanation. **

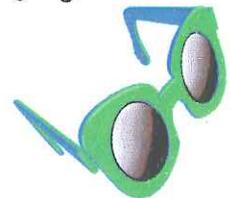
EMERGENCY INFORMATION

Name: _____ Phone: _____

Relationship to child: _____ Parent Signature: _____

CONSENT STATEMENT

I hereby give my child permission to participate in the Incorporated Village of Mineola Summer Recreation Program. I will deliver my child to the program site no earlier than 9:00 a.m. (THERE'S NO SUPERVISION PRIOR TO 9:00 A.M.) and pick up my child at 12:30 p.m. Monday through Friday. I am aware with weather permitting my child will be swimming at the John S. Davanzo Community Pool on Mondays. I understand that my child must participate and behave appropriately in order to remain in the program. I release the Incorporated Village of Mineola and its employees from all responsibility for accident, injury or loss involving my child while participating in the Summer Recreation Program.



Parent Signature

Optional Waiver: I hereby give my child permission to walk home from camp on their own.

I will NOT pickup my child after camp.

Parent Signature

2015 MINEOLA SUMMER RECREATION MEDICAL FORM

LAST NAME: _____ FIRST NAME: _____

DATE OF BIRTH: _____ SEX: M F GRADE (2015/2016) _____

HEALTH HISTORY:

	<u>DATE</u>		<u>DATE</u>		<u>DATE</u>
Anemia	_____	Nephritis	_____	Chickenpox	_____
Asthma/Allergy	_____	Scarlet Fever	_____	Pneumonia	_____
Insect Bites _____ Hay Fever _____		Rheumatic Fever	_____	Measles	_____
Diabetes	_____	Heart Disease	_____	Mumps	_____
Ear Conditions	_____	Family History	_____	German Measles	_____
Epilepsy	_____	TB Contact	_____	Whooping Cough	_____
Fainting	_____	If +, PPD	_____		
Hospitalizations	_____			Serious Injuries	_____

IMMUNIZATIONS (Give full dates):

DPT/DTaP/DT	_____	_____	_____	_____	_____
Tetanus	_____	_____	_____	_____	_____
IPV/OPV	_____	_____	_____	_____	_____
Varivax	_____	_____	MMR	_____	_____
Hib	_____	_____	_____	_____	_____
Hepatitis B	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

PHYSICIAN'S REPORT:

Height _____ Weight _____ BP _____ Pulse _____ After Exercise _____

Tonsils/Throat _____ Ears _____ Hearing _____

Nose _____ Eyes _____ Glasses? _____ Vision _____

Teeth/Gums _____ Cervical Glands _____ Thyroid _____

Heart _____ Lungs _____ Skin _____

Abdomen _____ Bladder _____ Hernia _____

Orthopedic: Structural Defect _____ Scoliosis? _____ Posture _____ Feet _____

Tanner Stage _____ Nervous System _____ Speech _____

Development _____ Other _____

Physician's Recommendations: _____

Physician's Signature

Address/Stamp

Date of Exam

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do hereby give authority to the Mineola Summer Recreation Program staff to obtain emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Signature: _____ Relationship: _____ Date: _____