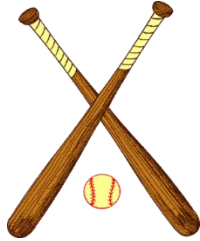




Village of Mineola 2024 Summer Recreation Program



Important Telephone Numbers



Recreation Office
(Before June 15)
746-0750 Ext. 268 or 237

John S. DaVanzo Community Pool
746-0785

Village Hall
746-0750



Mayor
Paul A. Pereira

Trustees

Paul S. Cusato
Janine Sartori

Jeffrey M. Clark
Donna M. Solosky

2024 Summer Recreation Program

Name: _____

Phone: _____

Address: _____

Date of Birth: _____

Grade Entering Sept. 2024: _____ School Attending Sept. 2024: _____

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

PLEASE ONLY SELECT ONE NAME. All requests will be considered however, are not guaranteed & may be changed at any time before and/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 - XL (18-20 same as adult small)

ADULT - M

ADULT - L

ADULT - XL

Mother's Name: _____

Cell Phone: _____

Father's Name: _____

Cell Phone: _____

Please initial here & provide cell phone numbers if you'd like camp notifications: _____

YOU MUST HAVE A 2024 LEISURE PASS TO ENROLL IN THE PROGRAM

PLEASE SUBMIT A COPY OF YOUR CHILD'S 2024 LEISURE PASS ALONG WITH THIS COMPLETED APPLICATION & MEDICAL FORM.

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

EMERGENCY INFORMATION

Name: _____ Relationship to child: _____

Parent Signature: _____ Phone: _____

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 9:00am (THERE'S NO SUPERVISION PRIOR TO 9:00am.) and pick up my child at 12:30pm Monday through Friday. I'm 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.

X _____

Parent Signature

*** PLEASE READ ADDITIONAL WAIVER BEFORE SIGNING ***

I hereby give my child permission to walk home from camp on their own. I will not pick up my child after camp.

Parent Signature

Highlights of the Program

WEEKDAYS: Monday - Friday
July 1st to August 2nd 2024

TIME: 9:00am - 12:30pm

PLACE: Wilson Park 211 Westbury Ave Mineola
Community Center 155 Washington Ave Mineola
(inclement weather location)

COST: \$250.00 for one child, \$150.00 for each additional child. (this includes 2 t-shirts per camper)
A \$25.00 late fee will be charged per child registering after the deadline of FRIDAY, JUNE 7, 2024.
Registering once the camp begins the late fee will be \$50.00 per child.

PLEASE NOTE: The Summer Recreation Program is subjective to there being enough enrollment/counselors. Parents will be notified & refunds will be issued only if camp is cancelled.

ENROLLMENT: All residents of the Incorporated Village of Mineola are eligible to participate providing the child is ENTERING THE 2ND (born 2017) THROUGH 6TH GRADE and must have a 2024 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 7, 2024.

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 unless camp is cancelled see note above.

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. Should camp be held indoors, inclement weather notification information will be provided at the Parent Orientation. If the camp is being held at the park and it begins to rain, thunder, or lightning after the program is in session, CHILDREN WILL BE BROUGHT TO SHELTER IN THE POOL FACILITY MUST BE PICKED UP IMMEDIATELY.

WEEKLY ACTIVITIES: Swimming, team sports, arts & crafts, volleyball, basketball, soccer, water games, organized activities, board games, tie-dye, group trips to the bowling alley (all grades), Movie Theatre at the Library (2nd through 3rd grade), Q-ZAR (4th through 6th grade), and many other new & exciting recreational and fun activities are being planned for this summer like Gaga Ball & Pickle Ball at our newly renovated Wilson Park.

SECURITY & SAFETY: Children are required to wear the program t-shirt every day. Please do not allow your child to bring valuable personal items i.e., i-Pads, cell phones, and or roller blades, skateboards etc. We cannot be responsible for any personal items 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 shirts.

****INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED****

2024 MINEOLA SUMMER RECREATION MEDICAL FORM

LAST NAME: _____ FIRST NAME: _____

DATE OF BIRTH: _____ SEX: M F GRADE (2024/2025) _____

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.

X Signature: _____ Relationship: _____ Date: _____