

**Sodus Point Community Center Summer Program
July 9, 2018- August 9, 2018**

Youth's

Name: _____ Age _____ DOB _____

Home Phone: (____) _____ - _____

Email: _____ @ _____

Address: _____

Parent/Guardian

Full Name: _____

Cell: (____) _____ - _____ Work Phone: (____) _____ - _____

Emergency Contact

Name: _____ Relationship: _____

Phone Number: (____) _____ - _____

Days my child will attend (Please X)

Mon: Yes / No **Tues:** Yes / No **Wed:** Yes / No **Thurs:** Yes / No

Health Information

Does your child have any allergies to food, medication or latex? YES / NO

If so, give treatment required: _____

Is your child allergic to bees or other insects? YES / NO

If so, please give treatment of care required: _____

Does your child have any breathing problems such as asthma? YES / NO

If so, please indicate treatment: _____

Please indicate any other health concerns you have regarding your child.

I, _____ (parent/guardian) give permission to the Village of Sodus Point to act in my absence for my child, _____, to receive emergency medical treatment or give consent in the event that I cannot be reached. I also understand that the Village of Sodus Point is not liable for any injuries.

Signature: (parent/guardian)

Date: _____

I, _____ (parent/guardian) give permission to the program employees to apply sunscreen to my child, _____, and I understand that if I'd prefer a specific type of sunscreen, I must provide it for my child.

Signature: (parent/guardian)

Date: _____

**Please join our facebook group - Sodus Point Summer Rec
Please drop off registration form to Village Offices
Mail to: Sodus Point Community Center, P.O. Box 159, Sodus Point, NY 14555**