

NLGYC JUNIOR PROGRAM

**** DUE BEFORE MAY 31 ****

COMPLETE ONE FORM FOR EACH CHILD. Type in your answers, then **PRINT, SIGN** and **MAIL**, with your child's IMMUNIZATION and HEALTH record, showing recent boosters, by **May 31st** to NLGYC, PO Box 710, Hague, NY 12836.

Child's Full Name _____ Date of Birth _____

Child's Age as of Jan this year _____ Child's grade in Sept this year _____

Home Address _____ City _____ State _____ ZIP _____

Lake Address _____ City _____ State _____ ZIP _____

Home Phone _____ Lake Phone _____

Parent/Guardian #1 _____ Email _____ Cell _____

Parent/Guardian #2 _____ Email _____ Cell _____

Any work phone numbers you'd like to share _____

Alternative family contact at the lake _____ Cell _____

What is the preferred phone contact number for urgent issues while your child is at the Junior Program? _____

CONSENT FOR MEDICAL TREATMENT OF A MINOR

As the parent or legal guardian of the below named child I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

→ **Signature of Parent/Guardian** _____ **Date** _____

Name of Physician _____ Phone _____

Name of Dentist _____ Phone _____

Health Insurance Carrier _____ Insurance ID # _____

TRAVEL / PHOTO / SUNSCREEN RELEASE

I give permission for my minor child to travel to NLGYC Junior Program activities and NLGYC regattas, including Junior Program Afternoon Activities with parents and instructors over 18 years of age.
YES NO

I hereby authorize NLGYC to use photographs and videos taken of me and/or the undersigned minor child, and our names, for promotional purposes, including use on the NLGYC website, social media accounts, brochures, and for display in the facility. I release NLGYC from any expectation of confidentiality for the undersigned minor child and myself and attest that I am the parent or legal guardian of the children listed below, and that I have the authority to authorize NLGYC to use their photographs and name. I acknowledge that since participation in publications and websites produced by NLGYC is voluntary, neither the minor children nor I will receive financial compensation. I further agree that participation in any publication and website produced by NLGYC confers no rights of ownership to me or my child in the photograph or video so used whatsoever.
YES NO

I give permission for my minor child to carry and use sunscreen while participating in the NLGYC Junior Program Morning Program, Afternoon Activities, and social activities.
YES NO

→ **Signature of Parent/Guardian** _____ **Date** _____

CHILD PICK-UP BY SOMEONE OTHER THAN PARENT

Child's Full Name _____ **Date of Birth** _____

In addition to family members listed above, I give my permission for the following people to pick up my child from the NLGYC Junior Program Morning Program and Afternoon Activities.

I understand that if someone other than those listed above picks up my child, I will notify the Junior Program Director, before 1:30 PM. The director can be reached at 543-6533.

→ **Signature of Parent/Guardian** _____ **Date** _____

WAIVER OF LIABILITY

I, _____, the parent/guardian of _____, a minor, hereby waive any and all liability that the Northern Lake George Yacht Club ("NLGYC"), its officers, directors, agents, servants, volunteers, or employees might have for, and agree that NLGYC, its officers, directors, agents, servants, volunteers, or employees shall not be liable for any bodily injury to my child incurred while my child is practicing for, or participating in, any activity of any athletic, sports, or social nature sponsored by NLGYC, including NLGYC's Junior Program Morning Program, Junior Program Afternoon Activities, and Junior Program social events (the "Programs"). My child is covered under a medical insurance plan and I/we will look to that coverage should a personal injury be incurred in the circumstance described in this waiver.

I further agree that my child will abide by the rules of NLGYC's Programs. I further understand and accept that there are inherent risks, including physical injury, associated with sailing and other outdoor activities, and I understand that it is my responsibility to counsel my child(ren) regarding these inherent risks. In consideration of NLGYC accepting my child for its Programs, I further hereby release, discharge and otherwise indemnify NLGYC, all officers, directors, agents, servants, volunteers, and employees of NLGYC, the Junior Program Council and other Junior Program volunteers, and any and all owners of boats and facilities utilized for or in connection with the Programs, from any and all negligence, liability, damage, injury, loss, cost or expense, including reasonable attorney's fees, incurred by or in behalf of my child and arising in connection with or as a result of my child's participation in the Programs.

The foregoing provision shall not apply to acts or omissions of or by the NLGYC, its officers, directors, agents, servants and employees, the Junior Program Councilw and any and all owners of boats and facilities utilized for or in connection with the Programs which were committed in willful, wanton or reckless disregard for the safety of my child.

→ **Signature of Parent/Guardian** _____ **Date** _____

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NLGYC JUNIOR PROGRAM HEALTH FORM**

Child's Full Name _____ Date of Birth _____

IMMUNIZATION RECORDS

History and dates of immunizations: Please send copy of physician's immunization / health record as a record of dates of basic immunization and most recent booster doses

Date of last physical exam and name of doctor: _____

MEDICATIONS

Does your child take any medications regularly? If your child requires medications to be administered during Junior Program hours, please contact the Junior Program Health Director at nlgycjp@gmail.com.

ALLERGIES

Does your child have any allergies? Please describe what your child is allergic to, the reaction seen, and treatment required. If it is a food allergy, please indicate if other children in the group should not bring that food.

If your child has an Allergy Action Plan, please attach it. If your child does not have one, we strongly recommend it for any child who requires an EpiPen. You can find the NYS version here: <https://ocfs.ny.gov/forms/ocfs/OCFS-6029.pdf>

MEDICAL CONDITIONS

Does your child have any medical conditions that may affect their time at the Junior Program?

Specifically, if your child has asthma, please attach their asthma action plan.

If your child has diabetes or seizures, please describe steps staff should take to prevent or manage an emergency.

BEHAVIORAL CONDITIONS

Does your child have any learning or emotional needs that may affect their time at the Junior Program?

If your child has a 504 plan or IEP, are there any accommodations that would be helpful?

If behavior issues arise, what interventions does your child respond to best?

IS THERE ANYTHING WE HAVEN'T ASKED?

Please provide any information about your child's life or social emotional health that you think important or that might affect your child's ability to fully participate in the Junior Program.