

MINERVA SUMMER YOUTH PROGRAM

REGISTRATION & MEDICAL PERMISSION FORM **2024**

Child's Name:			
Full Address:			
Email:			
Best Contact Number:		Work Phone	
RESIDENT OF MINERVA/OLMSTEDVILLE :		(Circle)	YES
			NO
Child's Date of Birth	/ /	Age	
Child's Grade In September 2024		(Circle)	MALE
			FEMALE
Has your child been on the Youth Program Previously		(Circle)	YES
			NO
IN CASE OF EMERGENCY CONTACT			
1.		Home Phone	
Name	Relationship	Cell Phone	
2.		Home Phone	
Name	Relationship	Cell Phone	
Does your child have any allergies /concerns (Circle)		YES	NO
If Yes, Please List:			
Does you child have any conditions Listed Below: (Circle)		YES	NO
If YES, please circle Conditions:			
ASTHMA	CONVULSIONS/SEIZURES	HEMOPHILIA	KIDNEY DISEASE
HIGH BLOOD PRESSURE	CANCER/LEUKEMIA	DIABETES	HEART TROUBLE
Please List Medication(s):			
<i>(Must provide order from Doctor's office authorizing medication be given by Youth Program Health Officer)</i>			
NOTICE			
IMMUNIZATIONS: ALL CHILDREN NOT ATTENDING MINERVA CENTRAL SCHOOL MUST SUPPLY A CURRENT COPY OF THEIR IMMUNIZATION RECORDS. <u>NO CHILD WILL BE ALLOWED TO START THE PROGRAM WITHOUT THESE RECORDS.</u>			
Health/Accident Insurance Carrier:		POLICY NUMBER:	

If you feel your child cannot adhere to our discipline policy or participate in all of our activities without modification, please contact Michael Corey. We will be happy to meet with you and discuss your concerns so that we can ensure a fun and safe program for all. Please list any conditions, physical or behavioral, that may affect or limit full participation in the playing of strenuous physical games :

I, _____, parent/guardian of _____ authorize the Minerva Youth Program to administer sunscreen.

Signature: _____ Date: _____

Parental authorization:

This health history is correct in so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as the judgment of medical personnel dictates. I also hereby authorize the school district to provide immunization records for the registrant.

Signature: _____ Relationship _____

Print Name _____ Today's Date: _____

I HAVE READ THE DISCIPLINE POLICY AND I AGREE TO THE SPECIFICS OUTLINED IN THE POLICY.

Signature: _____ Relationship _____

Release of Student Photographs and Interviews:

Occasionally photographs and interviews are taken for our Minerva Summer Youth Program newsletter.

- I give the MYP permission to publish photographs or interviews of my child as it deems necessary and appropriate.
- I do not give the MYP permission to publish photographs or interviews of my child.

Parent/Guardian Signature

Date

All information **except immunization records** is voluntary and omission of information does not necessarily disqualify the child from attending the Youth Program. Disqualification of a child is at the discretion of the Minerva Youth Commission and the Program Director.

Person(s) who are authorized to pick up child from Minerva Youth Program: (* 3 limit, no need to list self)

Name	Relationship
1.	
2.	
3.	

Registration forms are due by June 7th.

Please return forms to Lynn Green at Minerva Central School or mail to
Town of Minerva, PO Box 937, Minerva NY 12851