

Saranac



2020

Grades 1-12

Dates: (Monday-Friday) June 29th-July 3rd, 2020

Location: Morrisonville Elementary School

Time: 8:00am-12:00pm

Camper Drop off Time: Parents dropping off their child/children may do so as early as 7:45 am. Do not drop off your child/children any earlier as there will be NO supervision.

Camper Pick up Time: Parents should pick up their child/children promptly at 12pm. There will be NO supervision after this time.

Registration Fee: \$80 per participant (includes T-shirt if form is submitted on time)

Checks made payable to Saranac Continuing Education

Campers should bring:

- **A soccer ball: Size 3 for Grades 1 &2, Size 4 for Grades 3&4, Size 5 for Grades 5th-12th**
- **Shin guards are mandatory for all campers!**
- **Sunscreen & Filled water bottle**
- **Extra clothes (socks, t-shirt, and warm clothes when needed)**
- **Sneakers in case their group goes inside the building**
- **Snack(s) or Money to buy snack(s)**

Note: Campers will be going outside in ALL weather conditions (unless there is lightening or a driving rainstorm.) Come with extra clothes to be prepared for this.

Registration: On the back of this form you will find a registration form (including a medical information/medical permission release form). The Medical permission release form must be completed if your child will be taking medication while at camp (and **only** if they are). Complete the Registration/Medical Form and include a check for \$80 made out to Saranac Continuing Education. Registration form and fee **must be received by Christyn Denial at Saranac Elementary School by June 1st in order to receive a t-shirt at camp.** Later forms will be accepted, but without shirt.

Mail form (& fee) to **Christyn Denial, Sar. Elem. School, 18 Picketts Corners Road, Saranac, NY 12981**

SARANAC SOCCER CAMP 2020-REGISTRATION/MEDICAL FORM

Name: _____ Grade Entering (Fall 2020): _____

T-Shirt Size: (Circle 1 size) Y-S Y-M Y-L A-S A-M A-L A-XL

<u>Parent/Guardian Information:</u> Name: _____ Relationship: _____ Mailing Address: _____ _____ Home Phone: _____ Cell/Work Phone: _____	<u>Alternate/Emergency Contact Information:</u> Name: _____ Relationship: _____ Mailing Address: _____ _____ Home Phone: _____ Cell/Work Phone: _____
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Medical Information (everyone please complete this section in full):

Physician's Name: _____ Office Phone: _____

Does your child have any allergies? YES or NO Please Explain: _____

Does your child have medical conditions? YES or NO Please Explain: _____

Does your child take medication(s)? YES or NO Please Explain: _____

**By signing, I understand that participants/families are responsible for their own insurance. School insurance will not cover injuries occurring at camp. (Must be signed to attend camp.)

Parent Signature: _____ Date: _____

MEDICAL PERMISSION RELEASE

COMPLETE THIS SECTION ONLY IF YOUR CHILD WILL BE TAKING MEDICATION AT SARANAC SOCCER CAMP

For your child to take medication/inhaler at Soccer Camp, this must be completed and signed by your physician. It is your responsibility to deliver the medicine to camp in the original, unopened package.

Physician Please Complete: _____ (child's name) has been prescribed _____ for the condition of _____.

He/She should be given the dose of _____ at _____ (time) for the following duration _____. The above child understands the purpose, appropriate method and frequency of the use of the medication/inhaler. If possible, we ask that this child be Permitted to carry any inhaler on his/her person, as we consider him/her responsible.

Physician's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Please return this form with \$80 Registration Fee (checks payable to Saranac Continuing Education) and mail to:

Christyn Denial, Saranac Elementary School, 18 Picketts Corners Road, Saranac, NY 12981