



## Camper Profile Sheet

Camper \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Last Name) (First Name)

Prefers to be called \_\_\_\_\_

| Brother's/Sister's Name | Age   | Attending Park Shore (circle) |    |
|-------------------------|-------|-------------------------------|----|
| _____                   | _____ | Yes                           | No |
| _____                   | _____ | Yes                           | No |
| _____                   | _____ | Yes                           | No |

My child's favorite activities at camp are: (check all that apply)

- |  |                                      |   |  |                                    |
|--|--------------------------------------|---|--|------------------------------------|
| <input type="checkbox"/> Swimming          | <input type="checkbox"/> Tennis      | <input type="checkbox"/> Woodworking      | <input type="checkbox"/> Music               | <input type="checkbox"/> Sky Trail |
| <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> Hockey      | <input type="checkbox"/> Arts & Crafts    | <input type="checkbox"/> Dance               | <input type="checkbox"/> Kickball  |
| <input type="checkbox"/> Soccer            | <input type="checkbox"/> Nature      | <input type="checkbox"/> Puppetry         | <input type="checkbox"/> Dramatics           | <input type="checkbox"/> Computers |
| <input type="checkbox"/> Volleyball        | <input type="checkbox"/> Pedal Karts | <input type="checkbox"/> Beach Volleyball | <input type="checkbox"/> Remote Control Cars | <input type="checkbox"/> Rock Wall |
| <input type="checkbox"/> Basketball        | <input type="checkbox"/> Playground  | <input type="checkbox"/> Baking & Cooking | <input type="checkbox"/> Bungee Trampoline   |                                    |

List others here:

My child's main interests are:

I would like my child to accomplish the following:

My child likes to eat the following foods:

My child does not like the following foods:

My child is not allowed to eat the following foods:

Please give us a brief introduction to your child:

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**Park Shore Country Day Camp and School  
Health Form 2011**

450 Deer Park Road, Dix Hills, NY 11746-5205  
Phone # (631) 499-8580 \* Fax # (631) 499-6917

The information on this form is to assist us in planning appropriate care. Any information updates should be provided to the office prior to your child's arrival to Park Shore. Please provide complete information.

Camper's Name \_\_\_\_\_  
Last First Middle

Birth date \_\_\_\_\_ Age at camp \_\_\_\_\_ Present Grade (2010 - 2011) \_\_\_\_\_ Sex \_\_\_\_\_

Home address \_\_\_\_\_ Home phone \_\_\_\_\_  
Street address City Zip

Father's Name \_\_\_\_\_ Home address \_\_\_\_\_  
(if different from above)

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home address \_\_\_\_\_  
(if different from above)

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact (Other than parents) Relationship Home/Work/Cell Phone

**Allergies** (List all known)

Describe reaction and management of the reaction.

Medication allergies (list)

\_\_\_\_\_  
\_\_\_\_\_

Food allergies (list)

\_\_\_\_\_  
\_\_\_\_\_

Other allergies (list) – include insect stings, hay fever, asthma, animal dander, etc.

\_\_\_\_\_  
\_\_\_\_\_

**Restrictions** (The following restrictions apply to this individual.)

Does not eat: \_\_\_ Red meat \_\_\_ Pork \_\_\_ Dairy Products \_\_\_ Poultry \_\_\_ Seafood \_\_\_ Eggs \_\_\_ Other (describe) \_\_\_\_\_

Explain any restrictions to activity (e.g. What accommodations or limitations are necessary?)

*IN THE EVENT THAT I OR MY CONTACTS CANNOT BE REACHED IN AN **EMERGENCY**, I HEREBY GIVE MY PERMISSION TO PARK SHORE, THE LOCAL AMBULANCE/FIRE DEPARTMENT, MY FAMILY PHYSICIAN, ANY LOCAL PHYSICIAN, OR THE NEAREST HOSPITAL TO ADMINISTER EMERGENCY TREATMENT AND CARE. I FURTHER GIVE MY PERMISSION FOR ALL PERTINENT HEALTH INFORMATION TO BE DUPLICATED AND RELEASED TO THE APPROPRIATE PERSONNEL FOR EMERGENCY CARE.*

Signature of Parent/Legal Guardian

Date

In order to better accommodate your child's needs; does your child receive special services in school or anywhere else? \_\_\_ Yes \_\_\_ No

If yes, please explain. \_\_\_\_\_





# JUNE 27TH - JULY 22ND FIRST 4-WEEK SESSION



| MONDAY   | TUESDAY  | WEDNESDAY  | THURSDAY   | FRIDAY   |
|--|--|--|--|--|
| <b>27</b><br>PS BURGER ON A BUN<br>BAKED FRENCH FRIES<br>TOSSED SALAD<br>PICKLE CHIPS<br>DESSERT<br>BEVERAGE | <b>28</b><br>PARK SHORE CHICKEN FRIES<br>FRESH CORN NIBBLETS<br>TOSSED SALAD<br>DESSERT<br>BEVERAGE          | <b>29</b><br>MACARONI & CHEESE<br>TOSSED SALAD<br>ITALIAN BREAD<br>DESSERT<br>BEVERAGE     | <b>30</b><br>FRENCH TOAST STICKS<br>HASH BROWNS<br>FRUIT<br>DESSERT<br>BEVERAGE        | <b>1</b><br>PARK SHORE PIZZA<br>TOSSED SALAD<br>DESSERT<br>BEVERAGE  |
| <b>CAMP CLOSED</b>   | <b>5</b><br>CHICKEN TENDERS<br>FRESH CORN NIBBLETS<br>TOSSED SALAD<br>DESSERT<br>BEVERAGE                    | <b>6</b><br>BOB & CHUCK'S BACKYARD BBQ   | <b>7</b><br>FRENCH TOAST STICKS<br>HASH BROWNS<br>FRUIT<br>DESSERT<br>BEVERAGE         | <b>8</b><br>PARK SHORE PIZZA<br>TOSSED SALAD<br>DESSERT<br>BEVERAGE  |
|  | <b>11</b><br>PS BURGER ON A BUN<br>BAKED FRENCH FRIES<br>TOSSED SALAD<br>PICKLE CHIPS<br>DESSERT<br>BEVERAGE | <b>12</b><br>FIESTA TACOS<br>FRESH CORN NIBBLETS<br>TOSSED SALAD<br>DESSERT<br>BEVERAGE    | <b>13</b><br>MACARONI & CHEESE<br>TOSSED SALAD<br>ITALIAN BREAD<br>DESSERT<br>BEVERAGE | <b>14</b><br>CHICKEN CUTLET ON A BUN (WITH OPTIONAL BBQ SAUCE)<br>FRESH CORN NIBBLETS<br>TOSSED SALAD<br>DESSERT<br>BEVERAGE |
| <b>18</b><br>PS BURGER ON A BUN<br>BAKED FRENCH FRIES<br>TOSSED SALAD<br>PICKLE CHIPS<br>DESSERT<br>BEVERAGE | <b>19</b><br>PARK SHORE CHICKEN FRIES<br>FRESH CORN NIBBLETS<br>TOSSED SALAD<br>DESSERT<br>BEVERAGE          | <b>20</b><br>BAKED ZITI PARMIGIANA<br>TOSSED SALAD<br>ITALIAN BREAD<br>DESSERT<br>BEVERAGE | <b>21</b><br>PARK SHORE PIZZA<br>TOSSED SALAD<br>DESSERT<br>BEVERAGE                   | <b>22</b><br>END OF FIRST SESSION BANQUET  |



# JULY 25TH - AUGUST 19TH SECOND 4-WEEK SESSION



| MONDAY   | TUESDAY  | WEDNESDAY  | THURSDAY   | FRIDAY   |
|--|--|--|--|--|
| <b>25</b><br>PS BURGER ON A BUN<br>BAKED FRENCH FRIES<br>TOSSED SALAD<br>PICKLE CHIPS<br>DESSERT<br>BEVERAGE | <b>26</b><br>CHICKEN CUTLET ON A BUN (WITH OPTIONAL BBQ SAUCE)<br>FRESH CORN NIBBLETS<br>TOSSED SALAD<br>DESSERT<br>BEVERAGE | <b>27</b><br>MACARONI & CHEESE<br>TOSSED SALAD<br>ITALIAN BREAD<br>DESSERT<br>BEVERAGE     | <b>28</b><br>FRENCH TOAST STICKS<br>HASH BROWNS<br>FRUIT<br>DESSERT<br>BEVERAGE        | <b>29</b><br>PARK SHORE PIZZA<br>TOSSED SALAD<br>DESSERT<br>BEVERAGE |
| <b>1</b><br>PS BURGER ON A BUN<br>BAKED FRENCH FRIES<br>TOSSED SALAD<br>PICKLE CHIPS<br>DESSERT<br>BEVERAGE  | <b>2</b><br>PARK SHORE CHICKEN FRIES<br>FRESH CORN NIBBLETS<br>TOSSED SALAD<br>DESSERT<br>BEVERAGE                           | <b>3</b><br>BAKED ZITI PARMIGIANA<br>TOSSED SALAD<br>ITALIAN BREAD<br>DESSERT<br>BEVERAGE  | <b>4</b><br>FIESTA TACOS<br>FRESH CORN NIBBLETS<br>TOSSED SALAD<br>DESSERT<br>BEVERAGE | <b>5</b><br>PARK SHORE PIZZA<br>TOSSED SALAD<br>DESSERT<br>BEVERAGE  |
| <b>8</b><br>PS BURGER ON A BUN<br>BAKED FRENCH FRIES<br>TOSSED SALAD<br>PICKLE CHIPS<br>DESSERT<br>BEVERAGE  | <b>9</b><br>CHICKEN CUTLET ON A BUN (WITH OPTIONAL BBQ SAUCE)<br>FRESH CORN NIBBLETS<br>TOSSED SALAD<br>DESSERT<br>BEVERAGE  | <b>10</b><br>MACARONI & CHEESE<br>TOSSED SALAD<br>ITALIAN BREAD<br>DESSERT<br>BEVERAGE     | <b>11</b><br>FRENCH TOAST STICKS<br>HASH BROWNS<br>FRUIT<br>DESSERT<br>BEVERAGE        | <b>12</b><br>PARK SHORE PIZZA<br>TOSSED SALAD<br>DESSERT<br>BEVERAGE |
| <b>15</b><br>PS BURGER ON A BUN<br>BAKED FRENCH FRIES<br>TOSSED SALAD<br>PICKLE CHIPS<br>DESSERT<br>BEVERAGE | <b>16</b><br>PARK SHORE CHICKEN FRIES<br>FRESH CORN NIBBLETS<br>TOSSED SALAD<br>DESSERT<br>BEVERAGE                          | <b>17</b><br>BAKED ZITI PARMIGIANA<br>TOSSED SALAD<br>ITALIAN BREAD<br>DESSERT<br>BEVERAGE | <b>18</b><br>PARK SHORE PIZZA<br>TOSSED SALAD<br>DESSERT<br>BEVERAGE                   | <b>19</b><br>END OF SECOND SESSION BANQUET                           |

| MONDAY   | TUESDAY  | WEDNESDAY   | THURSDAY   | FRIDAY   |
|--|--|---|--|--|
| <p>WELCOME BACK<br/>SUPER SENIORS <sup>27</sup></p>  | <p>LUNCH &amp; BOWLING <sup>28</sup></p>  | <p><sup>29</sup></p>  <p>PICTURE DAY</p>  | <p>ADVENTURELAND <sup>30</sup></p>                  | <p><sup>1</sup></p>  <p>WEAR RED, WHITE &amp; BLUE</p>                                  |
| <p><sup>4</sup></p>  <p>CAMP CLOSED</p>              | <p>BEACH <sup>5</sup></p>                 | <p><sup>6</sup></p>  <p>SILLY SOCK DAY</p>  | <p><sup>7</sup></p> <p>CULTURAL ARTS PLAYHOUSE</p>  | <p><sup>8</sup></p>  <p>SNACK SHACK GRAND OPENING</p> <p>CHIP BRYANT COMEDY SHOW</p>    |
| <p><sup>11</sup></p>  <p>CAKE DECORATING</p>        | <p>GAGA <sup>12</sup></p>               | <p><sup>13</sup></p>  <p>PATCHES &amp; BUTTONS POOL PARTY</p> <p>CAKE DECORATING</p> | <p><sup>14</sup></p>  <p>SPLISH SPLASH</p>         | <p><sup>15</sup></p> <p>BIRTHDAY BASH</p>   |
| <p><sup>18</sup></p>  <p>PAJAMA DAY!!!</p>         | <p>BOOMERS <sup>19</sup></p>            | <p><sup>20</sup></p> <p>BEACH</p>   | <p><sup>21</sup></p> <p>FISHING</p>               | <p><sup>22</sup></p>  <p>JULY FAREWELL BANQUET</p> <p>STEVE MAX THE SIMON SEZ GUY</p> |

| MONDAY  | TUESDAY  | WEDNESDAY  | THURSDAY  | FRIDAY   |
|---|--|--|---|--|
| <p>25</p> <p><b>WELCOME AUGUST SUPER SENIORS</b></p> <p>BOUNCE RIDES</p>  | <p>26</p> <p><b>FUN ZONE</b></p>                            | <p>27</p>  <p><b>PICTURE DAY</b></p>   | <p>28</p> <p><b>ADVENTURELAND</b></p>                              | <p>29</p>   |
| <p>1</p>   | <p>2</p> <p><b>HIGH ROPES ADVENTURE/ LASER KINGDOM</b></p>  | <p>3</p> <p><b>SLIP N SLIDES</b></p>  <p><b>PATCHES &amp; BUTTONS POOL PARTY</b></p> | <p>4</p> <p><b>HIGH ROPES ADVENTURE/ LASER KINGDOM</b></p>         | <p>5</p>  <p><b>PATCHES &amp; BUTTONS POOL PARTY</b></p>  |
| <p>8</p> <p><b>PARK SHORE SPIRIT DAY</b></p> <p>WEAR ORANGE &amp; BLUE</p>  | <p>9</p> <p><b>FISHING</b></p>                             | <p>10</p>   | <p>11</p>  <p><b>SPLISH SPLASH</b></p>                            | <p>12</p> <p><b>BIRTHDAY BASH</b></p>   |
| <p>15</p>    | <p>16</p> <p><b>BEACH</b></p>                             | <p>17</p> <p><b>PARK SHORE'S GOT TALENT</b></p>                                    | <p>18</p> <p><b>FAREWELL LUNCH &amp; DAVE &amp; BUSTERS</b></p>  | <p>19</p>  <p><b>JONATHAN GEFNER</b></p> <p><b>JUNGLE BOB</b></p> <p>GAME IN RIDE</p> <p><b>AUGUST FAREWELL BANQUET</b></p> |



Dear Parents,

There may come a time when your child may require the administration of medication during the camp season and during camp hours. In the event that this occurs, our Professional Registered Nurses will dispense the medication **if and only if** the enclosed *Written Medication Consent Form* accompanies the medication. This form must be filled out in its entirety, completed by your physician and signed by you. According to the New York Department of Health, and the New York State Department of Education's Nurse Practice Act, the medicine, itself, must be supplied in its **original prescription bottle or manufacturer's bottle** (in the case of over-the-counter medication) with the child's name, the name of the medication, dosage instructions, physician's name, pharmacy's name and date. If you and your physician deem it necessary that your child carries his/her medication, then please call the camp for a *Self-Administration Medication Consent Form* and it will be mailed to you promptly.

If your child has been absent due to an illness or injury that required a visit to your health care provider, a note from your physician **must include the statement that your child may return to camp**, with specific activity restrictions, if applicable. In the health interest of all campers and staff at Park Shore and our vigilance in keeping all of Park Shore's campers healthy, we have enclosed guidelines for when you should keep your child home from camp. Please review this important and valuable information.

There may come a time when one of our Professional Registered Nurses or our Health Care Directors may contact you if your child was seen in the Health Center. The call may just be a means of communicating that your child was seen briefly or that your child is feeling ill and is unable to participate in the camp's activities or that your child needs to go home or it is the decision of one of our Registered Nurses or Health Care Directors that your child be seen by their physician or health care provider. Many of these calls are routine calls and it is felt that it is in the best interest of your child that communication is initiated. These calls and procedures are part of the comprehensive health care that is delivered at Park Shore Country Day Camp.

If you have any questions, please feel free to contact the Park Shore Health Center between the hours of 8:30 am and 4:30 pm at (631) 499-2070 beginning Monday, June 27<sup>th</sup> through Friday, August, 19th. Thank you.

Best wishes,

A handwritten signature in blue ink that reads "Monica Diamond-Caravella".

Monica Diamond-Caravella, MSN, RN, PMC  
Health Care Director

A handwritten signature in blue ink that reads "Marilyn Byron".

Marilyn Byron, EMT-CC  
Health Care Director

A handwritten signature in blue ink that reads "Bob &amp; Chuck Budah".

Bob & Chuck Budah  
Owners/Directors



450 Deer Park Road • Dix Hills, NY 11746  
(631) 499-8580 • [www.parkshoredaycamp.com](http://www.parkshoredaycamp.com)



# Park Shore Country Day Camp

450 Deer Park Road, Dix Hills, NY 11746-5205  
 Phone # (631) 499-8580 \*Fax # (631) 499-6917

## Written Medication Consent Form

|                              |                |                          |
|------------------------------|----------------|--------------------------|
| Child's First and Last Name: | Date of Birth: | Child's Known Allergies: |
|------------------------------|----------------|--------------------------|

### Authorized prescriber to complete:

|   |  |   |
|---|--|---|
| Licensed Authorized Prescriber's Name:  |  | Licensed Authorized Prescriber's Telephone Number:                            |
| Name of Medication (including strength if applicable):  | Amount/Dosage to be Given:                     | Route of Administration:  |
| Date to be Discontinued or Length of Time in Days to be Given:  | Time(s) to be Given:                           | Refrigeration Required:<br>Yes <input type="radio"/> No <input type="radio"/> |
| Reason for Taking Medication (unless confidential by law):  |  |   |
| Possible Side Effects:  | What Action to Take if Side Effects are Noted: |   |
| Special Instructions: (include any concerns related to possible interactions with other medication the child is receiving or concerns regarding the use of the medication as it relates to the child's age, allergies, or any pre-existing conditions. Also describe situations when medication should not be administered) |  |   |
| <b>For PRN medication only:</b> Identify the Symptoms That Will Necessitate Administration of Medication:   |  |   |

### Medication Consent/Authorization

I, \_\_\_\_\_ authorize Park Shore Country Day Camp's Licensed Registered Nurses to  
 (Parent/Legal Guardian)  
 administer the medication listed above to my child, \_\_\_\_\_ in Group \_\_\_\_\_.  
 (Child's Name)

### Required Signatures

|  |   |  |
|--|---|--|
| _____<br>Licensed Authorized Prescriber's Name<br>(please print)                 | _____<br>Licensed Authorized Prescriber's Signature                 | _____<br>Date  |
| _____<br>Parent or Legal Guardian's Name (please print)                          | _____<br>Parent or Legal Guardian's Signature                       | _____<br>Date  |
| _____<br>Name of Registered Nurse (please print)<br><i>(for office use only)</i> | _____<br>Registered Nurse Signature<br><i>(for office use only)</i> | _____<br>Date Received from Parent<br><i>(for office use only)</i> |

***When Is a Child Too Sick To Attend Camp? (as recommended by the American Academy of Pediatrics and adapted from Guidelines from the Child Care Council of Suffolk, Inc.)***

**GUIDELINES**

1. Illness that results in a need for care that is greater than the staff can provide without compromising the health and safety of other children.
2. Fever defined by **100.4 degrees F or higher**. May return after **24 hours without fever**.
3. Diarrhea as defined as **one abnormally loose stool in the past 24 hours** or cannot be contained within toilet use. May return to camp **after diarrhea is resolved** and child is feeling well.
4. Effortful vomiting with or without fever after 6 pm the preceding evening. May return to camp when child has stopped vomiting for **at least 24 hours**.
5. Rash with fever or a rash that is possibly infectious (open, draining lesions). May return to camp when **determined noninfectious by physician**.
6. Severe sore throat or trouble swallowing with or without fever. Child may return to camp **after 24 hours after antibiotic treatment has been initiated and 24 hours without fever**.
7. Severe coughing, a croupy or whooping cough sound. Child may return when it is **determined noninfectious by physician**.
8. Constant runny nose.
9. Infected skin patches that are crusty, bright yellow, dry or gummy. May return to camp **24 hours after start of topical antibiotics (if prescribed) and determined noninfectious by physician**.
10. Severe itching of the body or scalp.
11. Purulent conjunctivitis ('pink eye') as evidenced by tears, redness of eyelid lining and irritation, followed by swelling and discharge of pus. Child may return to camp **after 24 hours after treatment has been initiated**.
12. Any contagious disease such as mononucleosis, chicken pox, etc.
13. If an antibiotic has been given for an ear infection, **wait 24 hours** before sending your child back to camp.
14. Mouth sores associated with drooling (in children unable to control oral secretions), fever, and poor appetite.

*Keeping children home from camp when ill prevents the spread of disease.*

**Park Shore Country Day Camp** 450 Deer Park Road, Dix Hills, NY 11746-5205  
**Self-Administration Medication Consent Form**

|                              |                |                          |
|------------------------------|----------------|--------------------------|
| Child's First and Last Name: | Date of Birth: | Child's Known Allergies: |
|------------------------------|----------------|--------------------------|

**Authorized prescriber to complete:**

|   |  |   |
|---|--|---|
| Licensed Authorized Prescriber's Name:  |  | Licensed Authorized Prescriber's Telephone Number:                            |
| Name of Medication (including strength if applicable):  | Amount/Dosage to be Given:                     | Route of Administration:  |
| Date to be Discontinued or Length of Time in Days to be Given:  | Time(s) to be Given:                           | Refrigeration Required:<br>Yes <input type="radio"/> No <input type="radio"/> |
| Reason for Taking Medication (unless confidential by law):  |  |   |
| Possible Side Effects:  | What Action to Take if Side Effects are Noted: |   |
| Special Instructions: (include any concerns related to possible interactions with other medication the child is receiving or concerns regarding the use of the medication as it relates to the child's age, allergies, or any pre-existing conditions. Also describe situations when medication should not be administered) |  |   |
| <b>For PRN medication only:</b> Identify the Symptoms That Will Necessitate Administration of Medication:   |  |   |

**Medication Consent/Authorization**

I, \_\_\_\_\_ request that my son/daughter \_\_\_\_\_ in the \_\_\_\_\_  
 (Parent or Guardian's Name) (Child's Name) (Group)

self-administer the medication listed above.

I understand that he/she must bring the medication in its **original** prescription bottle or manufacturer's bottle with his/her name, the name of the medication and the dosage instructions. I understand that my son/daughter, and only my son/daughter will self-administer the medication as per his/her physician's orders. I attest that my son/daughter has demonstrated maturity, responsibility and capacity in self administering medication. I further attest that my son/daughter has demonstrated understanding of the indications and use of the prescribed medication (s) and that the medication (s) was prescribed solely for him/her.

**Required Signatures**

|  |  |      |
|--|--|------|
| Licensed Authorized Prescriber's Name (please print) | Licensed Authorized Prescriber's Signature | Date |
| Parent or Legal Guardian's Name (please print)       | Parent or Legal Guardian's Signature       | Date |
| Camper's Name (please print)                         | (Camper's Signature)                       | Date |

## PARTICIPANT REGISTRATION/WAIVER FORM

In consideration for being allowed to enter into the play area and/or participate in any party, event and/or all other programs at Ultimate GaGa I LLC ("Ultimate GaGa"), located in Syosset, NY, the undersigned, on his or her own behalf, and/or on behalf of the Participant(s) identified below, hereby acknowledges and agrees to the following conditions:

I represent that I am the parent or legal guardian of the Participant(s) named below, or I have obtained written or verbal permission from the parent/legal guardian of the Participant(s) named below to execute this Agreement on their behalf. I agree that the Participant(s) named below and I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for participation in any party and/or event and/or all other programs at Ultimate GaGa. In addition, if I observe any hazard during my/our participation, I will bring it to the immediate attention of the nearest Ultimate GaGa employee. Additionally, I take full responsibility for any and all damages to the facility and any of its contents arising from any Participant(s) refusal to follow all stated and customary terms, posted safety signs, rules and verbal instructions including any deliberate acts of damage and/or destruction.

I accept and am aware that there are inherent risks associated with physical activity and participation in Ultimate GaGa's programs and parties. Some of these risks cannot be eliminated regardless of the care taken to avoid injuries. Ultimate GaGa has facilities for and provides activities such as GaGa, Dodgeball, Kickball and other assorted kids games and classes. The specific risks vary from one activity to another but range from minor injuries such as scratches, bruises and sprains to more major injuries such as eye injuries or loss of sight, joint or back injuries, heart attacks and concussions as well as possible catastrophic injuries including paralysis and death.

I, for myself and the Participant(s) named below, and our respective heirs, assigns, administrators, personal representatives and, next of kin, hereby release and hold harmless Ultimate GaGa, their affiliates, officers, members, agents, employees and sponsoring agencies from and against any and all claims, injuries, liabilities or damages arising out of or related to our participation in any and all Ultimate GaGa programs, activities, parties, the use of the play area and other areas of the facility. I also agree to INDEMNIFY AND HOLD HARMLESS Ultimate GaGa from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities arising from the items referenced above as well as negligent rescue operations.

I have read and understand this Agreement fully and acknowledge that by executing it, I am waiving substantial rights, including my right to sue. I further acknowledge that I am signing this waiver under my own free will and hereby intend my signature below to represent a complete and unconditional release of all liability to the greatest extent permitted by law. This Agreement shall remain in effect unless and until it is withdrawn in writing by the parent or legal guardian of the Participant or the Participant themselves if over 18 years of age.

**Participant Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Parent/Guardian/Participant**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**e-mail address:** \_\_\_\_\_

**Emergency Contact Telephone #:** \_\_\_\_\_

Please check box:

I do not wish to receive e-mail regarding party information

I do not wish to receive e-mail regarding Ultimate GaGa promotions



*The Long Island Home*

**Project C.A.R.E.**  
**(Challenge Activities Ropes Experience)**  
**2010/2011 – RELEASE FORM**

**Awareness of Program Policies**

Project C.A.R.E. programs involve a variety of activities that often include warm-up games, group cooperative challenges, outdoor adventure low and high ropes course elements, and other physical activities. The level of participation is at all times up to the individual. We refer to this as "Challenge by Choice".

The staff will take reasonable precautions to ensure a safe activity. You will be given an overview of the program you are about to undertake, and you will be informed of specific safety rules and regulations that you will be expected to follow. Each individual participant assumes personal responsibility in confronting the real and perceived emotional and physical challenges.

I agree to cooperate with staff and follow their guidelines to ensure a safe & enjoyable activity.

**Medical Screening, Waiver and Consent:**

I understand that parts of the Project C.A.R.E. program may be physically or emotionally challenging. I affirm that my child or adolescent's health is good, and that he or she is not under a physician's care for any undisclosed condition that bears upon fitness to participate in Project C.A.R.E. activities. If I am 18 years or older, I affirm that my health is good and I am not under a physician's care for any undisclosed condition that bears upon fitness to participate in Project C.A.R.E. activities. I recognize the inherent risk of physical injury in any activity to my child, adolescent or myself. **I release and hold harmless The Long Island Home, d/b/a South Oaks Hospital, it's staff members and Board of Trustees from any and all liability for any injury to my child/adolescent or myself from participation in Project C.A.R.E. activities.**

Date: \_\_\_\_\_ Organization/Group/School \_\_\_\_\_

**Applicant Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone: Home #: \_\_\_\_\_ Business#: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Parent/Guardian's Signature (if under 18 yrs.old): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_

Please see other side for Photography Consent





*The Long Island Home*

### Consent for Photography

I hereby grant the Long Island Home doing business as South Oaks Hospital permission to take photos and use the likeness of my son or daughter or myself (if 18 years or older) as a photograph, or other reproduction in any publications including website deemed appropriate to promote quality programming at The Long Island Home.

I understand this permission is binding upon my legal heirs and I will not be provided any payment or other consideration.

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Witnessed by: \_\_\_\_\_