



Queensbury  
**PARKS & RECREATION**

## Q-CLUB REGISTRATION FORM

**FULL PROGRAM:** ☐ Choice 1: Weeks 1-8

**SPLIT-SUMMER:** ☐ Choice 2A: Weeks 1-4 ☐ Choice 2B: Weeks 5-8

Name of Participant: \_\_\_\_\_  
Last First M.I.

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F (circle) Grade (entering in fall): \_\_\_\_\_

Mailing Address/Town/Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Work Phone/Location: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Family E-mail Address: \_\_\_\_\_

Name & age of siblings registered in Q-Club: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Work Phone/Location: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### CHILD PICK UP/ BUS TRANSPORTATION INFORMATION

List all names of individuals that may pick up your child. Please include yourself and/or your spouse.

Only those names appearing on this list will be allowed to pick up your child without written permission.

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

Does your child have permission to walk or bike home from Q-Club at 12:15pm? ☐ Yes ☐ No

If your child will utilize the bus transportation, please indicate the bus #, stop # and location.

BUS # \_\_\_\_\_ STOP # \_\_\_\_\_ LOCATION: \_\_\_\_\_

Does your child have permission to walk home from the bus stop? ☐ Yes ☐ No

#### SUNSCREEN, INSECT REPELLENT & MEDICAL TREATMENT WAIVER:

For the purpose of avoiding over exposure to the sun, I grant permission for my child to bring FDA approved, over-the-counter sunscreen to Q-Club activities and apply it while there. I also grant permission for my child to carry and use insect repellent while at camp. Yes \_\_\_\_\_ No \_\_\_\_\_ (please initial).

I understand that I am responsible for providing the sunscreen and insect repellent that I would like my child to use, and that sunscreen and insect repellent will not be used for medical treatment or to treat illness. Yes \_\_\_\_\_ No \_\_\_\_\_ (please initial).

I permit unlicensed personnel (Q-Club Staff) to assist my child if he/she is unable to physically apply the sunscreen or insect repellent Yes \_\_\_\_\_ No \_\_\_\_\_ (please initial).

Furthermore, I authorize treatment of minor medical needs, by department staff, such as ice packs, band-aids, etc. Yes \_\_\_\_\_ No \_\_\_\_\_ (please initial).

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

As parent or guardian of the above named child, I certify that he/she is in good physical condition and has my permission to participate in the Town of Queensbury Parks & Recreation Department's Q-Club Summer Youth Program. Furthermore I hereby acknowledge receipt of the Q-Club Parent Handbook (including the Discipline Policy), as well as the Children's Camps in New York State Brochure, and I agree to the rules, policies and procedures outlined therein.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

PAYMENT RECEIVED: Cash \_\_\_\_\_ Check # \_\_\_\_\_ Credit Card \_\_\_\_\_  
Date \_\_\_\_\_ Choice \_\_\_\_\_ Initials \_\_\_\_\_