

## **NEW THIS YEAR!!!**

**The Village Summer Recreation program will have a drop off option this year. The hours available for this program are 8:30-1pm. This is open on a first come first serve basis, limited to 20 children per session. The fee for this service is \$100 per child, per two - week session. In addition to the instructors who are with the children during their classes, there will be recreation assistants to accompany them between activities.**

**There is a non-refundable fee of \$14 per participant, per session for those whose parents accompany them. Cash and checks (payable to Village of Naples) will be accepted upon registration.**

**REGISTRATION: An Enrollment Application/Health Questionnaire is available at the Village Clerk's Office. Please complete and return it to the Village of Naples, 106 S. Main Street, Naples, NY 14512 between the hours of 9am and 4:00pm. Please do not return the forms to the school. A drop box is available for drop off before/after office hours. The Program Coordinator Tracy Gossoo can be reached at 585-319-1414 or by email at [Naplessummerrec@gmail.com](mailto:Naplessummerrec@gmail.com).**

Schedules for Session 1 will be emailed to parents as soon as they are completed. Participants with no email on the registration form will be contacted by phone. Schedules for Sessions 2 & 3 will be posted in the High School Cafeteria at the appropriate time. Schedule information can also be obtained from the Program Coordinator after that time. Please do not sign up for swim lessons if your child will be unable to attend most of the days in that session.

2017 Naples Summer Recreation Program  
Village of Naples  
106 South Main Street  
Naples NY 14512

(585) 374-2435  
fax: (585) 374-2441



The Naples Summer Recreation Program will be held Monday, June 26 through August 4. There are three two-week long sessions. Specific dates of each session are:

- Session 1: Monday, June 26 through Friday July 7
- Session 2: Monday, July 10 through Friday July 21
- Session 3: Monday, July 24 through Friday August 4

Activities offered include:

**RED CROSS SWIMMING CLASSES:** Available For children turning 5 on or before December 1, 2017.

Swim classes are 30 minutes long, 5 days a week, and are scheduled in groups based on individual ability, between the hours of 8:00am and 1:30pm.

**Arts & Crafts:** Available to children entering Kindergarten through 6<sup>th</sup> grades in September. The activity is two days per week per class, either Monday & Wednesday or Tuesday & Thursday. Class times will be scheduled between the hours of 8:00AM and 1:00 PM.

**Basketball/gym time:** Available to children entering 1<sup>st</sup> through 8<sup>th</sup> grades in September. This recreational activity is five days per week per class. Class times will be scheduled between the hours of 9:00 AM and 1:00 PM.

**Tennis:** Available to children entering 2<sup>nd</sup> through 8<sup>th</sup> grades in September. The activity is five days per week per class. Class times will be scheduled between the hours of 9:00 AM and 1:00 PM.

**Disc Golf:** Available for those entering 1<sup>st</sup> through 8<sup>th</sup> grades in September. Disc Golf will take place on the school grounds this summer and will be five days per week, scheduled between the hours of 9:00am and 1:00pm.

**FREE SWIM:** Monday through Friday from 2:30pm to 4:00 pm. There are no swim classes during this time – just free time in the pool.

# Naples Summer Recreation

## Enrollment Application

Child's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

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

E-mail address (for scheduling info): \_\_\_\_\_

Please fill out a separate application  
for each child participating

DROP OFF PROGRAM: YES or NO (please circle one)

**PLEASE PRINT CLEARLY**

1. Child's Age \_\_\_\_\_ Child's Gender \_\_\_\_\_ F or \_\_\_\_\_ M Date of Birth: \_\_\_\_\_

2. Child's Ethnicity (optional) \_\_\_\_\_

3. Grade child will enter in the fall: \_\_\_\_\_ Is child taking Summer Reading? Yes/ No

4. Address: \_\_\_\_\_

5. Other possible Phone numbers: \_\_\_\_\_, \_\_\_\_\_

6. Child resides in the Village or Town of: \_\_\_\_\_ (example: South Bristol, Prattsburgh, Italy, Village or Town of Naples, Other)

7. Number \_\_\_\_\_ and age(s) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ of Eligible Siblings:

8. Wants to attend: \_\_\_\_\_ First Session \_\_\_\_\_ Free Swim Only  
\_\_\_\_\_ Second Session  
\_\_\_\_\_ Third Session

9. Wants to participate in the following Activities in order of interest: \_\_\_\_\_ and  
\_\_\_\_\_ and \_\_\_\_\_ and \_\_\_\_\_

10. Experience level of Child: Swimming Level \_\_\_\_\_  
Tennis \_\_\_\_\_  
Basketball \_\_\_\_\_  
Disc Golf \_\_\_\_\_

*As the parent/guardian of \_\_\_\_\_, I hereby grant permission for my child to participate in the 2017 Naples Summer Recreation Program. I agree not to hold the Village, Town or School District of Naples responsible for injury to person or property while participating in this program.*

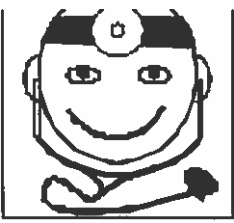
Parent or  
Guardian

Print

Signature

Date

Please turn over and fill in the Health information on the reverse side



# NAPLES SUMMER RECREATION HEALTH QUESTIONNAIRE

Child's Name:

\_\_\_\_\_

Is your child allergic to anything?

Yes/ No

List any allergies: \_\_\_\_\_ and what to do in case of a problem: \_\_\_\_\_

PLEASE INDICATE IF THERE ARE MEDICAL CONDITIONS THAT APPLY TO YOUR CHILD. PLEASE PROVIDE AN ADEQUATE EXPLANATION.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ALLERGY             | <input type="checkbox"/> EPILEPSY               | <input type="checkbox"/> MIGRAINE                |
| <input type="checkbox"/> ASTHMA              | <input type="checkbox"/> FAINTING               | <input type="checkbox"/> MONONUCLEOSIS           |
| <input type="checkbox"/> BEE STING           | <input type="checkbox"/> FREQUENT STREP THROAT  | <input type="checkbox"/> RECURRENT EAR INFECTION |
| <input type="checkbox"/> CANCER              | <input type="checkbox"/> HEART DISEASE/PROBLEMS | <input type="checkbox"/> RHEUMATIC FEVER         |
| <input type="checkbox"/> CHICKEN POX         | <input type="checkbox"/> HEMOPHILIA             | <input type="checkbox"/> SCOLIOSIS               |
| <input type="checkbox"/> CONVULSIVE DISORDER | <input type="checkbox"/> HEPATITIS              | <input type="checkbox"/> SKIN RASHES             |
| <input type="checkbox"/> DIABETES            | <input type="checkbox"/> HERNIA                 | <input type="checkbox"/> URINARY TRACT INFECTION |
| <input type="checkbox"/> DIZZINESS           | <input type="checkbox"/> HIGH BLOOD PRESSURE    | <input type="checkbox"/> WHOOPING COUGH          |
| <input type="checkbox"/> ECZEMA              | <input type="checkbox"/> JOINT DISEASE          | <input type="checkbox"/> OTHER _____             |
| <input type="checkbox"/> EMOTIONAL DISORDER  |   |  |

11. Has your child had any difficulty with: Yes/No EARS/HEARING Yes/No SPEECH Yes/No WALKING Yes/No COORDINATION *If Yes, Please Explain:*

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

12. Has your child been hospitalized for any reason during the last year? Yes/No *If Yes, Please Explain:*

\_\_\_\_\_

13. Does your child have any fears we should be aware of? Yes/No *If Yes, Please Explain:*

\_\_\_\_\_

14. Do you have any concerns or restrictions for your child that we should be aware of? Yes/No *If Yes, Please Explain:*

\_\_\_\_\_

In the event of injury to my child, I hereby grant authority to a qualified physician or nurse practitioner to render such medical treatment as said physician deems necessary under the given circumstances.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**\*\*\*THIS FORM MUST BE COMPLETE BEFORE YOUR CHILD CAN PARTICIPATE\*\*\***



## NEW YORK MUNICIPAL INSURANCE RECIPROCAL

### Summer Recreation RELEASE - MINOR

\_\_\_\_\_ (parent or legal guardian, please print) does hereby covenant and agree to release and hold harmless the Village of Naples from and against any and all liability, loss, damages, claims, or actions (including costs and attorneys fees) for bodily injury and/or property damage, to the extent permissible by law, arising out participation in the Naples Summer Recreation Program.

I understand participation in the Naples Summer Recreation Program involves physical activity and risks of physical injury, and we assume these risks. I hereby give consent for emergency transportation and treatment in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation or treatment on behalf of the participant. I further certify that the required Health Questionnaire regarding my participant has been filled out, detailing any medical or physical conditions that would restrict his/her participation in this program.

\_\_\_\_\_  
PARENT OR LEGAL GUARDIAN

377 OAK STREET, SUITE 101  
GARDEN CITY, NEW YORK 11530  
(516)227-2120, FAX 227-2352  
1-800-NYMIR05

21 Aviation Road, Suite 206  
Albany, New York 12205  
(518)437-1171, FAX 347-1182