

2024 Naples Summer Recreation Program

Village of Naples
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Naples, NY 14512

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The Naples Summer Recreation Program will be held Monday July 1st-Friday August 9th with Three 2 week sessions. Registration Forms and Payment are **Due by Friday June 14th** (We will not be able to accept any registrations after this date.)

Session 1- Monday July 1st-Friday July 12th (NO Rec July 4th)

Session 2- Monday July 15th-Friday July 26th

Session 3- Monday July 29st-Friday August 9th

Activities will include (Activities are scheduled from 9am-1pm based on age group)

Red Cross Swimming Lessons

Arts & Crafts Open Gym Yard Games Playground

Free Swim 1:30-3pm Monday-Friday (Free swim is offered after the Summer Rec Program and run by the Lifeguards. Rec staff is not available for free swim. Your child is welcome to stay for free swim without a guardian if they are comfortable in the pool and able to follow all pool rules with little instruction. All children must be picked up at the pool by 3pm)

Drop Off Time 7:50AM

Pick Up Time 1:00PM

This Program is NOT a Naples Central School District Program. Procedures, supervision and insurance for children participating in this program is the responsibility of our organization and of the parent. The distribution of this flyer by NCS is for informational purposes ONLY and in no way should it be considered that the school district endorses our program and philosophy. Finally, the Naples Central School District reserves the right to withhold the distribution of these materials.

Naples Summer Recreation Registration Form

Please Fill Out a SEPARATE Form for EACH Child Attending the Program

Child's Name: _____ Child's Shirt Size: XS S M L XL

Parent/Guardian Name: _____

Phone Number/Email Address: _____ / _____

Home Address: _____

Emergency Contact Name/Phone Number: _____ / _____

Emergency Contact Relationship to Child: _____

Sessions/Fees (Payment is due at the time of registration)

Parent Attended Program

Session 1 (\$20) _____

Session 2 (\$20) _____

Session 3 (\$20) _____

Drop Off Program

Session 1 (\$90) _____

Session 2 (\$100) _____

Session 3 (\$100) _____

All 3 Sessions (\$250) _____

Attending After Summer Academy

Session 1 (\$40) _____

Session 2 (\$50) _____

Session 3 (\$50) _____

All 3 Sessions (\$125) _____

Swimming Lessons Only (parent/guardian must bring child to the pool at start of lesson and stay or pick up at end of lesson)

Session 1 (\$15) _____ Session 2 (\$15) _____ Session 3 (\$15) _____

Child's Information

Age: _____ Gender: M/F Date of Birth: _____ Grade Entering in the Fall: _____

Swimming Level (if known): _____ Is Child Attending Summer Academy: No / M-Th / M-F

Child Resides in Town/Village of: _____

As the Parent/Guardian of _____, I hereby grant my child permission to participate in the 2024 Naples Summer Recreation Program. I agree to NOT hold the Village, Town or Naples Central School District responsible to person or property while participating in this Program.

Print

Signature

Date

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 | | |

1. Has your child had any difficulty with: EARS/HEARING __ SPEECH __ WALKING __ COORDINATION *If Yes, Please Explain:* _____

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

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

4. Do you have any concerns or restrictions for your child that we should be aware of? 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*****