

Village of Penn Yan Summer Recreation Registration 2026

Participant: _____ Age: _____ Grade: _____
Gender: M /F /DECLINE Birthdate: _____
Shoe Size: _____ (4 Pre-K -6th Grade)
Address: _____ Township: _____
Are you a Village of Penn Yan Resident? YES NO

Contact Information:

1.Name: _____ Relationship: _____
Phone Number(s): _____ Email: _____

2.Name: _____ Relationship: _____
Phone Number(s): _____

3.Name: _____ Relationship: _____
Phone Number(s): _____

My child has my permission to participate in activities of the Village of Penn Yan Summer Recreation Program. I understand that activities will be held at the designated park and/or off-site. When my child is participating in Summer Recreation programs, I will be available at the contact information given above or any of my other contacts listed may be notified. I give permission to any employee of the Village of Penn Yan or a person designated by them to treat my child in case of injury or other emergency. I also acknowledge receiving a packet including the summer schedule, introductory letter, media release, field trip permission form, and discipline policy.

Please read and circle the appropriate selection for you and your child.

YES NO I CAN READ AND UNDERSTAND ENGLISH.

YES NO MY CHILD HAS MY PERMISSION TO PARTICIPATE IN THE ACTIVITIES OF THE VILLAGE OF PENN YAN SUMMER RECREATION PROGRAM.

YES NO I UNDERSTAND ACTIVITIES WILL BE HELD AT INDIAN PINES AND ALSO OFF-SITE ON DESIGNATED DAYS. IF THERE IS A FIELD TRIP, I AM AWARE THAT THERE WILL BE NO PROGRAM AT INDIAN PINES DURING THE TRIP.

YES NO I AM AWARE THAT MY CHILD WILL NOT BE ABLE TO PARTICIPATE IF WE DO NOT HAVE AN IMMUNIZATION RECORD ON FILE ON THE FIRST DAY OF THE PROGRAM.

YES NO MY CONTACT INFORMATION IS ACCURATE AND I OR ANOTHER CONTACT WILL BE AVAILABLE AT THE NUMBER LISTED DURING PROGRAMS HOURS.

YES NO I AM AWARE THAT THE RECREATION PROGRAM HAS A FACEBOOK PAGE AND A REMIND APP FOR UP TO DATE INFORMATION. THE RECREATION EMAIL IS RECREATION@VILLAGEOFPENNYAN.GOV AND THE PHONE NUMBER FOR THE RECREATION SUPERVISOR IS 315-270-2072. THIS INFORMATION IS AVAILABLE IN THE INTRODUCTORY LETTER.

YES NO I WANT MY CHILD ENROLLED IN SWIMMING LESSONS. THERE ARE EIGHT 20 MINUTE LESSONS OFFERED BASED ON SWIMMING ABILITIES.

YES NO I GIVE MY CHILD PERMISSION TO APPLY SUNSCREEN TO THEMSELVES TO HELP PROTECT THEM FROM THE SUN.

YES NO I HAVE BEEN GIVEN, READ, AND UNDERSTAND THE SUMMER RECREATION DISCIPLINE POLICY.

YES NO I UNDERSTAND THAT RECREATION RUNS FROM 9:00 AM TO 3:00 PM. THERE IS A \$10 LATE FEE FOR EVERY 15 MINUTES AFTER 3:00 PM. EARLY ARRIVALS WILL NOT BE SUPERVISED UNTIL RECREATION STARTS.

SIGNATURE: _____ DATE: _____

SOCIAL MEDIA RELEASE FORM

_____ Participant's Name

I hereby consent that interview and/or photographs of my child may be taken or used by the Village of Penn Yan employees for public relations, including publication on the Recreation website, as well as by outside news media representatives for press or media print or broadcast services. I further agree that said materials shall become the property of the Recreation and/or applicable media agency and I hereby release and discharge the Village of Penn Yan Recreation program and its representatives from any and all claims that may arise by reason of taking of said interviews, and/or photographs.

____ YES ____ NO

SIGNATURE: _____ DATE: _____

FIELD TRIPS CONSENT AND RELEASE

The undersigned is the parent or guardian of _____ who is an enrolled participant in the Village of Penn Yan Recreation program. I am aware that the programs include activities involving field trips off Village property. Some of those field trips include children walking as a group to sites within the Village accompanied by program staff, I hereby consent to said child participating in offsite field trips, including walking field trips.

SIGNATURE: _____ DATE: _____

Village of Penn Yan Summer Recreation Health Questionnaire

Participant: _____

Age: _____

Grade: _____

Gender: M / F / DECLINE

Birthdate: _____

Has participant had or currently experiencing: (Please check all that apply and explain all checked areas in the space provided.)

_____ Allergies

_____ Epilepsy/Seizures/Blackouts

_____ Seasonal Allergies

_____ Heart Disease

_____ Asthma

_____ Bleeding Disorder

_____ Neck/Back Pain/Injury

_____ Cancer

_____ Rheumatic Fever

_____ Colitis

_____ Tuberculosis

_____ Diabetes

_____ Ulcer

_____ Mental/Emotional Problems

_____ Hernia

_____ High Blood Pressure

_____ Joint Injury/Surgery

_____ Kidney Disease

_____ Headaches/Migraines

Explanation(s):

Does the participant have any physical conditions requiring special considerations or limitations?

Is your child currently in good health? _____

Does your child wear contacts or glasses? _____

Do you have a copy of your child's immunization record to turn in?

Participant's Doctor: _____

Doctor's Phone Number: _____

I certify that all of the above information is accurate.

SIGNATURE: _____ DATE: _____