



Child's Name _____ sex _____ d.o.b _____

Must be a Village or Town of Coxsackie resident. Please check one Village _____ Town _____

Address _____

School _____ grade in fall _____ Volunteer (7th-9thgr) Yes _____ No _____

Any food / allergies or other considerations _____

Does your child carry or require the use of an EpiPen _____ Inhaler _____

Is your child on medication _____ Please state medication _____

Parent/Guardian's Name _____ phone _____ email _____

In the event that I may not be reached please call:

1. _____ phone _____

2. _____ phone _____

Please Check one : My child will be picked up by _____ phone: _____

My child has permission to walk home _____

Program participation: I, _____, give permission for my child _____
to participate in the Village of Coxsackie Summer Rec Program activities on site as well as field
trips planned in our community by bus/walking.

Medical Release In the event that I cannot be reached, I hereby give permission for my child to
be examined and/or treated at the nearest hospital or the one that I have stated:

PHOTO RELEASE PLEASE CHECK ONE AND SIGN BELOW

_____ I give permission for my child to be photographed during the Summer Rec program. I
understand the photos may be released to local newspapers/ media, Village of Coxsackie FB
page/website, Coxsackie Summer Programs for Kids 2019\ Facebook page (invite only), used to
create a photo sideshow for the last day of Summer Rec (8/1), for lobby tv sharing at Coxsackie
Elementary and at the Coxsackie Family Outdoor Movie Night At Riverside Park (TBA).

_____ I do not give permission for my child to be photographed.

Parent Signature _____



VILLAGE OF COXSACKIE SUMMER CLIMB EVENT REGISTRATION FORM

Summer Climb Event Activity Permission Form


The Village of Coxsackie sponsors a rock climbing event activity with Climb Time Inc.

Date	Friday, July 12	Time	9:15 - 11:15
Location	CE		
Cost	N/A		
Registrant Info	Name	Phone	
Notes	<p>Coxsackie children will have the opportunity to climb a 25ft rock climbing wall . Climb Time, Inc. provides us with a fun and safe way to bring the excitement and challenge of rock wall climbing to our community.</p> <p>For more info please visit about Climb Time visit: www.itsclimbtime.com</p>		

PLEASE RETURN WITH REGISTRATION FORM



SNEAKERS REQUIRED

I give permission for my child _____ **SNEAKERS REQUIRED** 

to participate in the onsite Climb Time Inc. activity on FRIDAY, JULY 12TH

from 9:15 to 11:15

I _____ am aware that climbing is a physically challenging activity that involves the risk of injury. I hereby acknowledge that my child does not have any physically limiting conditions such as heart, back, or neck problems,, or injury to any limb. I hereby release CLIMB TIME, Inc. and the Village of Coxsackie and all of its employees and officers from any and all liability claims resulting from my child's climbing activity. I also include the Village of Coxsackie and all of its employees

PARENT'S Name _____ Phone number _____

WHERE PARENT CAN BE REACHED _____

Parent/Guardian Signature _____ Date _____

Village of Coxsackie

119 Mansion Street, Coxsackie, N.Y. 12051-1018
Phone: (518) 731-2718 Fax: (518) 731-2231
www.villageofcoxsackie.com



MAYOR
Mark R. Evans

TRUSTEES
Stephen Hanse
Donald Daoust
Joseph Ellis
Dianne Ringwald

June 24, 2019

Dear Parent/Guardian:

This letter is to notify you that due to the current measles outbreak that continues to worsen in New York State, the Greene County Legislature voted to require that all summer recreation programs within Greene County obtain a copy of Measles, Mumps and Rubella (MMR) immunization records for all attending youth and staff.

This order is effective immediately, and the Village of Coxsackie will need to either receive a copy of your child's MMR immunization record, or a copy of a valid medical exemption prior to the Summer Recreation Program start date of July 9, 2019. If the Village has not received record of this immunization by July 9th, your child will be unable to attend the program until such time that the record is received.

If you have questions about the order and its details, or if you would like to view this order, No. 2019-1, you can contact the Greene County Public Health Department at (518) 719-3600 to obtain a copy. The MMR vaccine is a safe and effective measure that will protect everyone at the program. The Greene County Public Health Department has stated that they would be happy to assist in administering the MMR vaccine if necessary for those in need.

Thank you for your support in making sure we keep all children healthy.

Respectfully,

A handwritten signature in cursive script that reads "Mary Donahue".

Mary Donahue
Youth Program Director