



ORCHARD PARK RECREATION DEPARTMENT

2019-20 Permission to Pick up

THIS FORM MUST BE COMPLETED IN FULL AND RETURNED TO THE RECREATION DEPT ON OR BEFORE PARTICIPANTS FIRST DAY

Participant Information

Child's Name: _____ Birth Date: ____/____/____ Age: _____
 Nickname: _____ Male: _____ Female: _____ Grade / Fall of 2019 _____
 Home Address: _____ City: _____ State: _____
 Zip: _____ Email Address: _____

Parent / Guardian Information

Parent/Guardian Name: _____ Home Phone #: _____
 Cell Phone #: _____ Name of Work _____ Work Phone #: _____
 Parent/Guardian Name: _____ Home Phone #: _____
 Cell Phone #: _____ Name of Work _____ Work Phone #: _____

Permission to take pictures and video footage:

I authorize the Orchard Park Recreation Department Staff to take photographs and video footage of my child/ children while he/she is participating in any recreational programs being run by Orchard Park Recreation. I understand these photographs and video footage will be used for marketing purposes, Orchard Park Recreation Department Bulletins, Orchard Park Recreation Brochures, Posted on the Orchard Park Recreation Department website, seen on TV's in local business's, You Tube and other social networking sites.

Parent/ Guardian Signature _____ **Date:** _____

Permission for Pick-up

Below is a table that should be filled in to include any persons you would like to have permission to pick your child up from this program. **Please include parent/guardians names in the table as well.** At pick up, staff will check IDs to assure that the appropriate people are taking your child. If a name is not listed below, camp staff will not release your child to that person. Please make every effort to list people that may be picking up your child during the program, including **YOURSELF**, grandparents, siblings, friends, etc.

Name	Relationship	Phone

Program Waiver:

In registering for this program I attest that my child is at a level of fitness necessary to participate in the program and assume the responsibility of having my child's physical condition evaluated if any questions exist. I understand that the Town does not carry insurance to cover any medical bills that result from participating in any recreation program(s). I give my full permission for such first aid as is deemed necessary to be provided to my child on the premises or prior to transport to a hospital for further treatment. I am aware of the Recreation Department's policies regarding emergencies, refunds, program cancellations, and program changes. I have read, understand, and agree to the preceding statement.

Parent/ Guardian Signature _____ **Date:** _____

OPREC After School Swim Questionnaire

1. What is your child's name and elementary school they attend?
2. Has your child ever taken swim lessons with OPREC?
 - Is so, what level/ lesson were they enrolled in most recently?

 - What was the date of the lesson?
3. Does your child normally swim with a flotation device attached at all times?
4. Can your child tread water (keep themselves afloat without touching the bottom) for at least 10 seconds?
5. Can your child swim the width of a pool approx. 30 ft., without stopping or touching the bottom or going underwater on their stomach using any stroke?
6. Is your child comfortable in water where they can't touch the bottom?
7. Please circle the skills your child knows by name and can demonstrate comfortably (does not have to be perfect, just able to recognize it by name and can demonstrate the basics of the skill)
 - Tread water for 10 seconds
 - Blow bubbles
 - Put face in the water
 - Float on back without assistance
 - Front crawl/ Freestyle
 - Flutter Kick
 - Backstroke
 - Breaststroke
 - Flip Turns
 - Open Face Turns
 - Sitting Dive
 - Kneeling Dive
 - Standing Dive
 - None of the above

Please return at your earliest convenience by fax (716) 209-0210, or email: oprec@orchardparkny.org