



Urban Park Rangers' Junior Ranger Summer Program 2004

The Urban Park Rangers proudly announce their Junior Ranger Summer Program, starting Tuesday, July 6th and ending Friday, August 20th.

The Junior Ranger program, located at Marine Park in Brooklyn and Inwood Hill Park in Northern Manhattan, welcomes all children between the **ages of 8-11** who are interested in spending their summer exploring the adventurous side of New York's best parks.

Limited openings are available. Completed Junior Ranger applications will be processed on a first come, first served basis.

The Cost is: \$10 per day, \$50 for 5 days. 9am -4:30pm
\$20 additional for an overnight camp-out
\$10 additional per week for extended hours 8am - 6pm

Completed Junior Ranger applications **MUST** have the following information or they cannot be processed. Applications are due 2 weeks prior to the first day your child will attend the Junior Rangers program.

1. Junior Ranger Registration Form & Accident Waiver
2. Medical Form
3. Waiver & Release Form
4. Right to Use Photographic Likeness Form
5. Activity Participant Release Agreement
6. Two photos(2x2 passport type or school photo etc..)
7. Payment for days registered (Please make checks payable to City of New York/Parks & Recreation)

For further information contact:

Yvonne McDermott, Junior Ranger Director at 212-360-2771

Please mail completed applications to:

**Urban Park Rangers
Jr. Rangers Program
1234 5th Avenue, first floor
New York, NY 10029**



Rules, Safety Regulations & Conditions for Junior Ranger Participation

Basic Junior Ranger Participation

- The program starts at 9:00am and ends at 4:30pm from Monday-Friday
- Extended Hours are available from 8am to 6pm.
- Participants will only be released at the end of the day to adults listed as authorized for pick-up on the registration form.
- Participants will receive lunch each day. Snacks will also be provided.
- Participants should bring a bottle of water, bug spray and sun block each day.

Rules: Any participant will be suspended, written up or discharged for the following behavior:

- Disrespecting any staff person or any other person
- Harassing other participants (fighting, foul language, name calling etc.)
- Sexual Misconduct
- Graffiti/Vandalism
- Stealing
- Alcohol or drug abuse
- Tampering with/pulling fire alarm
- Unauthorized leaving of the Park grounds during Junior Ranger hours
- Smoking
- Horseplay in water areas
- Use of walkmans, portable video games, and cell phones during program activity unless approved in advance.
- Excessive tardiness

Due to the pre-scheduling and pre-payment for all Junior Ranger activities, there will be no refund of program fees.

Important Numbers during the summer session (July 6-August 13)

Yvonne McDermott, Junior Ranger Director (212) 360-2771
Urban Park Ranger Headquarters (212) 360-2774
Assistant Director, Jessica Carrero @
Inwood Hill Nature Center (212) 304-2365
Assistant Director, Candace Cox @
Salt Marsh Nature Center (718) 421-2021

We ask that parents do not call the Nature Centers unless it is a true emergency. Under other circumstances, please call Headquarters and we will relay the message to your child.

I understand and agree that I am releasing not only the entities set forth in the paragraph above, but also the officers, agents, and employees of those entities, and that I expressly waive all rights under Section 1542 of the Civil Code. that states "a general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."

I understand and agree that this Release will have the effect of releasing, discharging, waiving and forever relinquishing any and all actions or causes of action that I may have or have had, whether past, present or future, whether known or unknown, and whether anticipated or unanticipated by me, arising out of my child's participation and/or receipt of instruction in the Junior Ranger Summer Program. This release constitutes a complete release, discharge and waiver of any and all actions or causes of action against the Urban Park Rangers and the City of New York/Parks & Recreation, its officers, agents or employees.

I understand and agree that this Release applies to personal injury, property damage, or wrongful death which my child may suffer, even if caused by the acts or omissions of others.

I understand that by signing this Release, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by my child while participating or receiving instruction in the Junior Ranger Summer Program.

I understand and agree that this Release will be binding on me, my spouse, my heirs, my personal representatives, assigns, my children and any guardian for said children.

I understand and agree that by signing this release, I am agreeing to release, indemnify and hold the instructors of the program, the Urban Park Rangers, and the City of New York/Parks & Recreation and their officers, agents and employees harmless from any and all liability or costs, including attorneys fees, associated with or arising from my child's participation and/or receipt of instruction in the Junior Rangers Summer Program.

I understand and agree that if I am signing this Release on behalf of my minor child, that I will be giving up the rights for said minor as I would be giving up if I signed this document on my own behalf.

I acknowledge that I have read this Release Agreement and that I understand the words and language in it. I have been advised of potential dangers incidental to participating and/or receipt of instruction in the Junior Ranger Summer Program.

PARENT/GUARDIAN RELEASE

I am the parent or legal guardian of the minor _____ and I am signing this Release on behalf of said minor.

Print Name of Parent/Guardian: _____,

Signature of Parent/Guardian: _____ Dated: _____

Registration Form

Participant's Name: _____ Date of Birth: ____/____/____

Parent's/Guardian's Names 1 _____ 2 _____

Address: _____ Apt # _____

City _____ State _____ Zip code _____

Home Phone # (____) _____ - _____ Work Phone # (____) _____ - _____

Cell Phone # (____) _____ - _____ Email Address: _____

Work Phone #2 (____) _____ - _____ Cell Phone #2 (____) _____ - _____

Emergency Contact: _____ Relationship: _____

Phone # (____) _____ - _____

Please list the names and phone #s of any individuals authorized to pick up or visit your child during or after the program.

1. _____ Phone # (____) _____ - _____

2. _____ Phone # (____) _____ - _____

Is your child allowed to leave the site unaccompanied? Yes No

Program Site: Inwood Hill Park, Manhattan or Marine Park, Brooklyn

Dates: _____ to _____

Days of the week:

All Monday Tuesday Wednesday Thursday Friday

Will you need extended hours?(drop off after 8am pick up by 6pm) Yes No

Are you interested in adding an overnight camping experience? Yes No
(Dates to be determined)

**City of New York Dept. of Parks and Recreation's
Junior Ranger Summer Program**

Right to use photographic likeness

The undersigned grants to the Urban Park Rangers and the City of New York / Parks & Recreation, its successors and assigns, the right to use and publish for educational or other purposes, photographic likenesses or pictures of

Name of child

He / She may be included in the photographic likenesses or pictures in whole or in part, or reproductions thereof, or in color or otherwise, made through any medium. City of New York / Parks & Recreation will not use the child's name in any photographic likenesses or pictures.

Parent or Guardian's Signature

Date

HEALTH RECORD FOR CHILDREN IN DAY CAMPS & AFTERSCHOOL & YOUTH CENTERS
(This side to be filled in by parent before presentation to physician)

NAME OF PROGRAM _____

CHILD'S LAST NAME _____

FIRST NAME _____

BIRTHDATE _____ / _____ / _____

M F
SEX

Home Address: _____ Phone: _____

Parent or Guardian: _____ Phone: _____

Place of Employment: Father (Guardian) _____ Phone: _____

Mother (Guardian) _____ Phone: _____

In case of emergency, notify: _____ Phone: _____

If Parent, Guardian are not available in an emergency, notify: _____

1. _____ Phone: _____

or 2. _____ Phone: _____

Important: Has this camper been exposed to any communicable disease during the three weeks prior to camp attendance:
Yes No (If yes, state type of exposure: _____)

HEALTH HISTORY: (Check box if child has had afflictions, give appropriate dates)

- Rheumatic Fever _____
- Seizures _____
- Diabetes _____
- Asthma _____
- Chicken Pox _____

Allergies

- Hay Fever _____
- Poison Ivy, etc. _____
- Insect Stings _____
- Penicillin _____
- Other Drugs _____
- Food _____

Other Past Illnesses _____

Operations or Serious Injuries (Dates) _____

Hospitalization (Dates) _____

Chronic or Recurring Illness _____

Any specific activities to be encouraged? _____

Conditions that require activity to be restricted? _____

Permission for all program activities unless otherwise noted by Dr. _____

Appliance worn (glasses, contacts, etc.) _____

Medication taken _____

Suggestion from Parent/Guardian _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do hereby give authority to the Day Camp and Year Round Afterschool and Youth Center Program staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Relationship _____ Signature _____ Date _____ Tel.# _____

Department of Health and Mental Hygiene — The City of New York — Bureau of Food Safety and Community Sanitation

PHYSICAL EXAMINATION

(To be filled out by Physician - please note information on reverse side)

The purpose of this health record is to provide the staff with pertinent information which will help to serve the needs of this child in Day Camps and Afterschool and Youth Center programs.

IMMUNIZATION HISTORY - This is a record of dates of basic immunization and most recent booster doses.

DTaP, DTP, DT, Td	Date _____	Date _____	Date _____	Date _____	Date _____
Polio	Date _____	Date _____	Date _____	Date _____	Date _____
MMR	Date _____	Date _____	Date _____		
Hemophilus Influenzae type b (Hib)		Date _____	Date _____	Date _____	Date _____
Hepatitis B	Date _____	Date _____	Date _____	Date _____	
Varicella	Date _____	Date _____			
Pneumococcal Conjugate (PCV)	Date _____	Date _____	Date _____	Date _____	Date _____
Other _____	Date _____	Other _____	Date _____	Other _____	Date _____

MEDICAL EXAMINATION - To be filled out by licensed physician.

Examination is acceptable when performed no more than 12 months prior to arrival at camp.

Code: S = Satisfactory

X = Not Satisfactory (Explain)

0 = Not Examined

General Appearance _____
Genitalia _____
Height _____ Weight _____ Blood Pressure _____ Posture & Spine _____ Throat - Tonsils _____
Nose _____ Teeth _____ Abdomen _____ Hernia _____ Feet _____ Lungs _____ Skin _____
Hgb. Test (Date) _____ Urinalysis (Date) _____
Eyes _____ Vision _____ w/Glasses _____ Extremities _____ Heart _____
Ears _____ Hearing _____
Neurological Findings _____
Describe Abnormal Findings and/or Handicapping Conditions _____
Allergy: (Please specify) _____

Recommendations and restrictions while in camp:

Special Diet _____
Special Medicine (dose, route of administration, when should it be administered) _____
Is parent/guardian sending special medicine? _____
Activity Restrictions _____
Swimming _____ Diving _____

General Appraisal: _____

I have examined the person herein described, reviewed his/her health history and it is my opinion that he/she is physically able to engage in Day Camp/Year Round Afterschool and Youth Center activities, except as noted above.

EXAMINING PHYSICIAN (SIGNATURE) M.D.

PHYSICIAN'S NAME (PLEASE PRINT)

Telephone _____ Address _____

Date of Examination _____