



TOWN OF GREENBURGH
Department of Community Resources
THEODORE D. YOUNG COMMUNITY CENTER

32 Manhattan Avenue ~ White Plains, New York 10607-1329
 (914) 989-3600 (914) 682-2798 Fax
 www.greenburghny.com
 tdyc@greenburghny.com



André G. Early
 Commissioner

Paul J. Feiner
 Town Supervisor

Terrance V. Jackson
 Deputy Commissioner

2020 SUMMER OFFERING PROGRAM APPLICATION

Name: _____ **Birthdate** _____
 (Child) Last First Initial

Address: _____
 Street & Number City State Zip

Male

Female **Age:** _____ **Grade Entering in Sept.** _____ **School Attending** _____

Grades 1st- 4th *AM Session (9:00-12:00pm)

Grades 5th – 8th *PM Session (1:30 – 4:30pm)

Parent/Guardian _____

Telephone# (Home) _____ **(Business)** _____ **(Cell)** _____

List two (2) people, other than parent/guardian above, to contact in case of an emergency:

Name: _____ **Relationship:** _____ **Phone:** _____

Name: _____ **Relationship:** _____ **Phone:** _____

List siblings in program, if any: _____

How will your child arrive to program? Walker [] Drop-off []

How will your child go home from program? Walker [] Pick-up []

***If anyone in your household has tested positive for Covid-19 during any time during the Summer Offering Program, you must notify us immediately.*

AUTHORIZATION

I hereby enroll in the Department of Community Resources at the Theodore D. Young Community Center (TDYCC) Summer Day Camp and have answered all questions to the best of my knowledge. I understand that the department reserves the right to place said child at the appropriate camp site with regard to his/her age and that the department reserves the right to dismiss or reject a camper or applicant based on any information contained in this document and for inappropriate behavior while in camp. I hereby agree to give permission for my child to participate in aquatics related activities during summer camp and field trip activities. It is mutually understood that the camp accepts no responsibility for the loss of or damage to any camper's property. I hereby give permission to the summer camp personnel selected by the camp to obtain, in my absence, emergency medical treatment for my child while in its care. I recognize that there are certain risks of physical injury and I agree to assume the full risk of any injury, damage, or loss which I or my child may sustain as a result of such participation. I agree to waive and relinquish all claims and hold harmless the Town of Greenburgh, the Department of Community Resources (TDYCC), their co-sponsors, volunteers, and employees from any and all claims that may arise as a result of my child's participation in the program. I acknowledge, as a participant with the Department of Community Resources at the Theodore D. Young Community Center (TDYCC) Summer Day Camp, my child(ren) may be photographed for print, video, or electronic imaging. I understand that these images may be used in promotional materials, news releases, and other published formats. I acknowledge that the images will be the sole property of the Department of Community Resources with the Town of Greenburgh.

Signature of Parent/Guardian _____ **Date** _____

TDYCC, The CORNERSTONE of Greenburgh



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Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. The Town of Greenburgh cannot prevent you, or your minor child(ren), from becoming exposed to, contracting or spreading COVID-19 while utilizing Town facilities. It is not currently possible to prevent against the presence of this disease. Therefore, if you choose to utilize the Town facilities and/or enter into or onto the Town's property you may be exposing yourself to, and/or increasing your risk of contracting or spreading, COVID-19.

ASSUMPTION OF RISK: By executing this **Waiver**, you acknowledge that you have read and understand the above warning concerning COVID-19 and you thereby choose to accept the risk of contracting COVID-19 for yourself and/or your minor children in order to utilize Town's services and enter into or onto Town's premises.

WAIVER OF LAWSUIT/LIABILITY: By executing this **Waiver**, you hereby forever release and waive your right to bring suit against the Town, its employees, volunteers and elected officials, and other Town representatives, in connection with exposure, infection, and/or spread of COVID-19 related to utilizing the Town's services, facilities and premises. You understand that this waiver means you give up your right to bring any claims, including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence, and give up any claim you may have to seek damages, whether known or unknown, foreseen or unforeseen.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING TOWN COVID-19 LIABILITY AS DESCRIBED ABOVE:

Signature: _____ Date: _____

Name (printed): _____

I am the parent or legal guardian of the minor named above and have the legal right to consent to the terms and conditions of this Release on behalf of those minors Named