



# Binghamton Police Athletic League

## 2021 PAL DAY CAMP

### Boys and Girls - Ages 7-13

#### CAMPER INFORMATION:

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

#### PARENT/GUARDIAN INFORMATION:

Name \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

#### EMERGENCY CONTACT(s):

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

(In case of an emergency, and camp personnel are unable to locate designated person(s) to be notified - appropriate emergency measures may be taken by the camp personnel; hospital, physicians, or other emergency care facilities, and shall notify the parent(s)/guardian(s) as soon as possible.)

Signature: \_\_\_\_\_ **(MUST BE SIGNED)**

#### MINOR (CHILD) PHOTO RELEASE:

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_ [Child] grant \_\_\_\_\_ [Party Receiving Permission] my permission to use the photographs described as \_\_\_\_\_ [Describe Photographs] for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Child's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**CIRCLE YOUR CHOICE OF ONE WEEK ONLY**

**Monday through Friday, 9 am to 2:30 pm**

Monday, July 5th

Monday, July 12th

Monday, July 19th

Monday, July 26th

Monday, August 2nd

**VERY  
IMPORTANT**

**PLEASE ATTACH A COPY OF YOUR CHILD'S IMMUNIZATION RECORDS OF ALL SHOTS AND BOOSTERS WITH ALL DATES. THE STATE OF NEW YORK HEALTH DEPARTMENT PROHIBITS ANY CHILD TO ATTEND SUMMER CAMP WITHOUT COMPLETE IMMUNIZATIONS.**

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**ANY ALLERGIES TO MEDICATIONS, FOOD, INSECTS STINGS, ETC.:** \_\_\_\_\_

**LIST ALL MEDICATIONS CURRENTLY BEING TAKEN BY CHILD:** \_\_\_\_\_

(If medications are currently being taken, attach a letter from their doctor with medication name and dosage)

**Do you give permission for sunscreen and/or bug spray to be used?** \_\_\_\_\_

**ANY PROBLEMS WITH YOUR CHILD THAT OUR COUNSELORS SHOULD BE AWARE OF  
PLEASE USE A SEPERATE SHEET TO ADD ANYTHING**

**CIRCLE BUS STOP WHERE YOUR CHILDREN WILL BE PICKED UP - CHILDREN SHOULD BE AT THE STOP 10 MINUTES BEFORE BUS PICK-UP**

St. Andrew Church Lot (Conklin Ave.).....8:00	4:00	Woodrow Wilson School (Prospect St. Lot.....8:30	3:20
Ben Franklin School Parking Lot.....8:03	3:55	Valley Street Playground.....8:40	3:17
St. John's Church (Vestal Ave.).....8:07	3:45	Theodore Roosevelt School (Ogden Street).....8:45	3:10
Ross Park Zoo Parking Lot.....8:10	3:40	St. Paul's Church (Robinson Street Side).....8:47	3:08
Susq. at Exchange (Woodburn Ct. 1).....8:15	3:35	Robinson at Griswold Street.....8:50	3:07
Horace Mann School (Laurel Ave. Side).....8:20	3:27	Carlise Apts. (Admin. Building).....8:55	3:04
Thomas Jefferson School (Helen St. Side).....8:25	3:24	Calvin Coolidge School (Moody St. Entrance).....8:45	3:00

**DO NOT LEAVE  
CHILDREN  
UNATTENDED**

**I WILL PERSONALLY DRIVE MY CHILD TO AND FROM CAMP.....8:45 2:30**  
\_\_\_\_\_ is authorized to pick my child up.

- PAL WILL FURNISH -- • LUNCH • MILK • SNACKS**
- CHILDREN MUST BRING THEIR OWN -- • TOWELS**
- BATHING SUITS • (PLEASE LABEL ALL BELONGINGS)**

Please mail application to: Police Athletic League, P.O. Box 1472, Binghamton, NY 13902  
Questions: Call the PAL Office at 607-723-2766