



Binghamton Police Athletic League

2022 PAL DAY CAMP

Boys and Girls - Ages 6-13

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/VIDEO RELEASE:

I, _____, the parent or guardian of _____ [Child] grant the Police Athletic League/third party they are working with (eg. United Way) my permission to use the photographs and/or videos described as 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 11th

Monday, July 18th

Monday, July 25th

Monday, August 1st

Monday, August 8th

**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 Physican _____ 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/tick spray to be used? _____ Applied by staff (if needed)? _____

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 CHILD/REN WILL BE PICKED UP - CHILD/REN SHOULD BE AT THE STOP 10 MINUTES PRIOR TO PICK-UP. ALL TIMES ARE APPROX BASED ON NUMBER OF STOPS.

St. Andrew Church Lot (Conklin Ave.).....	3:00	4:00	Woodrow Wilson School (Prospect St. Lot.....	3:30	3:20
Ben Franklin School Parking Lot.....	3:03	3:55	Valley Street Playground.....	3:40	3:17
St. John's Church (Vestal Ave.).....	3:07	3:45	Theodore Roosevelt School (Ogden Street).....	3:45	3:10
Ross Park Zoo Parking Lot.....	3:10	3:40	St. Paul's Church (Robinson Street Side).....	3:47	3:08
Susq. at Exchange (Woodburn Ct. 1).....	3:15	3:35	Robinson at Griswold Street.....	3:50	3:07
Horace Mann School (Laurel Ave. Side).....	3:20	3:27	Carlise Apts. (Admin. Building).....	3:55	3:04
Thomas Jefferson School (Helen St. Side).....	3:25	3:24	Calvin Coolidge School (Moody St. Entrance).....	9:00	3:00

Please make sure you are on time for the bus and have a plan when your child gets on and off.

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