# Ticonderoga Youth Commission (TYC)

## After-School Program Registration Form 20___ - 20___

Registration is for Kindergarten thru 5th Grade

*Please complete the following information:*

Child's Name: _____ Gender: _____Male _____Female

Student's Date of Birth: _____ Student's Age: _____

Student's School (Please Circle): Ticonderoga St. Mary's Putnam Fall School Grade: K 1 2 3 4 5

**Primary Contact Information:**

Name of Parent/Guardian: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____

Cell Number: _____ Email Address: _____

**Secondary Contact Information:**

Name of Parent/Guardian: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____

Cell Number: _____ Email Address: _____

***Note: If any of the above information changes, please notify the TYC Recreation Supervisor immediately.***

## Emergency Contact Information

*List two emergency contacts other than those listed above:*

| Name: | Relationship | Home Phone | Work Phone | Cell Phone |
|---|---|---|---|---|
| | | | | |

| Name: | Relationship | Home Phone | Work Phone | Cell Phone |
|---|---|---|---|---|
| | | | | |

**Secondary Pick-Up:**

*When Parent(s)/Guardian(s) or Emergency Contacts listed above cannot pick up their child(ren):*

| Name: | Relationship | Home Phone | Work Phone | Cell Phone |
|---|---|---|---|---|
| | | | | |

**Authorization to Produce and use Audiovisual Materials**

I hereby voluntarily and without compensation authorize the TYC to produce photographs, movies, videos, and Power Point Presentations of my child(ren). This authorization is given on the condition that the materials taken or produced will be used for the purpose of community education or program promotion. I understand the TYC and its employees will not use these materials for compensation.

I authorize the secondary pick-up noted above to pick-up my children and acknowledge that the TYC is not obligated to inquire as to the authority of the above referenced secondary Pick-up individuals to do so. I understand that this grant of permission shall only be revoked by a written letter, delivered to the Recreation Supervisor of the TYC. This consent shall remain in effect, unless revoked.

Name of Parent/Guardian (Please Print): Signature of Parent/Guardian Date:

# After School Youth Program Information/Permission Form

## Behavior Expectations and Discipline Policy

It is important that staff maintain good order and discipline in all programs. Top objectives in all TYC programs are safety and a positive atmosphere for learning and developing social skills. The TYC makes every effort to help children understand clear definitions of acceptable behavior and unacceptable behavior.

**The Ticonderoga Youth Commission does not condone and will not permit:**

1. Corporal punishment.
2. Ridiculing, threatening, using inappropriate loud voices.
3. Leaving children unsupervised.
4. Use of profanity.

**A Child's behavior is expected to be consistent with the following:**

1. Use appropriate language at all times.
2. Cooperate with staff and follow directions.
3. Respect other children and staff, equipment and facilities, and yourself.
4. Maintain a positive attitude.
5. Stay in designated program areas.

**The Discipline Policy:**

1. If a child is unwilling to comply with the behavior expectations, a meeting will be held by the youth director with the child. The parent(s)/guardian will be notified in writing at the time of pick-up. If someone else is picking up the child, then the Recreation Supervisor will call the parent to discuss incident.
2. If after the above meeting, the child is still unwilling to comply with the behavior expectations, the youth director will set up a conference with the parent(s)/guardian. A behavior contract will be established and signed by the child, parent(s)/guardian and the Recreation Supervisor.
3. If the child's behavior continues to be disruptive and/or unsafe, the child will be subject to suspension or dismissal.
4. Failure of the parent(s)/guardian to attend conference(s) and cooperate will subject the child to suspension or dismissal.

**Behaviors which may result in immediate dismissal include BUT are not limited to:**

1. Any action that could threaten or pose a direct threat to the physical/emotional safety of the child, or other children or staff.
2. Fighting or Bullying.
3. Possession of a weapon of any kind.
4. Vandalism or destruction of TYC property or the property of others.
5. Possession of or use of alcohol or controlled substances unless under the prescription of a doctor.
6. Threats or Harassment (physical or verbal).
7. Stealing from the TYC, staff or another child.

***Parent or Guardian Hold Harmless Release and Agreement***

As the parent / legal guardian of _____, I hereby give my consent to participate in any and all TYC activities at the Armory.

I understand that my child needs to be picked up by 6:00pm each program evening. I understand that unless otherwise authorized in writing to the Recreation Supervisor, no one but the Parent/Guardian/Emergency Contacts may pick up my child from the TYC program. I understand upon pick up, I MUST sign out my child. This is a liability release and safety issue requirement.

I understand that corporal punishment and abuse of any kind will not be allowed at the TYC program.

I understand that the TYC staff MUST report any abuse or neglect suspected or observed to the proper authorities.

I hereby waive, release, absolve, indemnify and agree to hold harmless the TYC program, supervisory staff, the organizers, sponsors, participants, volunteers, and any other affiliates; for, from, and against all liability because of bodily injury, or property damage, known or unknown, which may occur or result from the participation of the above named child in any and all activities whether the result is negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. I individually, and as a parent/guardian for my child, have read this release and understood all the terms. I execute it voluntarily and with full knowledge of its significance.

*Release made this* _____ *of* _____, *20*_____ *by* _____

*Day* *Month* *Parent/Guardian Signature*

## CONFIDENTIAL MEDICAL HISTORY

***Please fill in the chart below or attach a copy of your child's shot records***

**Dates of Immunizations**

| | |
|---|---|
| Diphtheria | |
| Measles | |
| Mumps | |
| Polio | |
| Rubella | |
| Tetanus | |
| Hepatitis | |

## REQUIRED MEDICATION

*PLEASE REMEMBER - ALL MEDICINE MUST BE LABELED WITH:*

Child's Name
Dosage
If Refrigeration is needed

Name of Medication
Time Given
Special Conditions

Instructions: _____

*YOUR CHILD MUST KNOW THE FOLLOWING IN ORDER TO HAVE MEDICATION AT THE PROGRAM*

Recognize Name
Know what it is for

Recognize Medication
Know how to take it

Dosage
Know when taken

NAME OF MEDICATION: _____

SPECIFIC INSTRUCTIONS: _____

| | YES | NO | | YES | NO |
|---|---|---|---|---|---|
| Allergies/Hay Fever | | | Elevated Blood Pressure | | |
| Bee Sting Allergy | | | Headaches | | |
| Asthma | | | Head Injury/Concussion | | |
| Bladder Kidney Problem/Injury | | | Heart Problem/Murmur - pains | | |
| Chicken Pox | | | Hepatitis | | |
| Constipation | | | Measles/Mumps | | |
| Convulsions/Seizures | | | Nose Bleeds/Frequent or Severe | | |
| Fainting Spells | | | Ankle Injury | | |
| Frequent Colds | | | Back Pain/Injury | | |
| Frequent Sore Throat | | | Fracture-Dislocation Bones/Joint | | |
| Diabetes | | | Knee Pain/Injury | | |
| Ear Problem/Hearing Loss | | | Neck Injury | | |
| Eye Problem/Vision Loss | | | Nose Fracture | | |
| Injury to Spleen | | | Ivy, Oak or Sumac Poisoning | | |
| Joint Sprain/Ligament tear/pull | | | Tetanus Toxoid | | |
| One Kidney | | | One Testicle | | |
| Hospitalized in last 6 months | | | Orthodontic Appliances | | |
| Taking any Medication Now | | | Capped Teeth | | |
| Wear Glasses | | | Wear Contact Lenses | | |

## PLEASE ADVISE US IMMEDIATELY OF ANY CHANGES TO ANYTHING ON THIS FORM

In Case if any EMERGENCY, I give permission to the Physician selected by the Recreation Supervisor, to administer proper treatment. Every effort will be made to contact the parents in the event of the emergency.

I hereby state that, to the best of my knowledge and belief, my son/daughter has no physical, medical, or mental disabilities or other limitations that would restrict his/her ability to fully participate in the TYC After-School Program as described and explained to me.

I grant permission for my child to receive emergency medical treatment whenever necessary while attending any TYC Program, including Tetanus Toxoid vaccine, if necessary. I understand that my insurance is the primary insurance and the Town's insurance is the secondary. The Town of Ticonderoga is NOT responsible for any accidents or injuries. I accept responsibility for all Medical Expenses.

I give permission for the TYC staff or volunteers to dispense hand sanitizer to my child.

Name of Parent/Guardian (Please Print): _____ Signature of Parent/Guardian _____ Date: _____

# Town of Ticonderoga Youth Commission

## Participant's/Player's Code of Conduct

A participant/ player in the Ticonderoga Youth Commission Program is expected to conduct themselves in a sportsmanlike manner, both as a player and a spectator, I am participating in a team sport and " Teamwork " is essential. Whether the game is won or lost is the result of the efforts of the entire team and not that of one individual.

**Players:**

1. I shall learn the rules of the game and abide by them.
2. I shall control my temper at all times. Verbal and or physical abuse of officials and or other players, deliberately distracting, taunting and or provoking an opponent is not acceptable nor permitted.
3. I shall co-operate and respect my coach/recreational specialist, teammates, and opponents.
4. I shall remember that all participants/players hear and see how parents and coaches/recreational specialist, perticipants/players act and react to situations and they will follow the example acted out in front of them.
5. I shall encourage good sportsmanship from fellow players.
6. I shall follow all building rules, field rules, respecting at all times the property of others.
7. I shall abide by the policies and procedures set forth by the Town of Ticonderoga Youth Commission.
8. I shall treat my teammates and follow parents with respect and only positive comments.
9. I shall treat the participants/players, coaches/recreational specialist and officials with respect and expect the same in return.
10. I shall remember that the officials are not perfect, they are doing the best they can by calling a game and I shall abide by their decisions.

**Course of Action:**

**Disciplinary action in response to a violation of the player code of conduct by the Town of Ticonderoga Youth Commission and or its Program Coordinators may include but not limited to:**

- **Verbal Warning**
- **Asking offenders to leave the premises**
- **Forfeiture and or cancellation of the game; and or**
- **Any other disciplinary action the Ticonderoga Youth Commission deems appropriate.**

**With my signature, which I voluntarily affix to this contract, I acknowledge that I have read, understand and shall do my best to fulfill the promises made herein.**

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Participant/Player ---- Print Name

---------- Date ----------

Participant/Player's Signature

April/2016

# Town of Ticonderoga Youth Commission

## Parent/ Guardian and or Chaperone Code of Conduct

The purpose of our program is to teach fair play, teamwork, provide healthy recreational outlets and build character. I need to remember that I am a role model for our children and my behavior needs to be appropriate for this recreational level.

**Parent Responsibilities:**

1. Each Parent/ Guardian and or chaperone shall abide by the Parent Code of Conduct that he/she signed at registration.
2. Each Parent/ Guardian and or chaperone is responsible for getting their child/children to practice and or games on time in good health and prepared to play the sport.
3. Each parent/ Guardian and or chaperone is responsible for promptly informing the coach/recreational specialist of health and or injury issues.
4. Each Parent/Guardian and or chaperone is responsible for picking up their child/children promptly at the end of each practice and or game. Under no circumstances are children to leave the area without their parent/guardian or chaperone.
5. Please call your coach/recreational specialist when your child/children is going to be absent
6. Do not drop off your child/children unless the coach/recreational specialist is present
7. Do not drop off your child/children that are non-participating on the team that is practicing.
8. With your decision to stay at practice, please keep your non-participating child/children from interfering with the practice.
9. Support your coach/recreational specialist by having your child/children help out putting equipment away before leaving practices and or games.
10. I shall treat players, coaches/recreational specialist and officers with respect and expect the same in return.
11. I shall do my part to help the officials teach my child/children the rules and fundamentals of the game.
12. I shall remember that the officials are not perfect and they are doing the best they can to call a good game and I shall accept their decision.
13. I shall support the coach/recreational specialist and officials to provide a positive and encouraging atmosphere for my child/children.

**Parents:**

1. I shall do my part to keep drugs, alcohol and tobacco away from the participants and the recreational field.
2. I shall encourage sportsmanship by showing respect and courtesy and by demonstrating positive support for all players, coaches/recreational specialist, officials and or spectators at every game and or practice and or other sporting events.
3. I shall not engage in any kind of unsportsmanlike conduct with any official, coach/recreational specialist, player and or parent such as booing and or taunting and or using profane language and or gestures.
4. I shall encourage my child and or the children to play by the rules and or resolve conflicts without resorting to violence and or any unsportsmanlike action and or using profane language and or gestures.
5. I shall refrain from attempting to coach and or being a recreational specialist and or manipulate players during the games and or practices.
6. I shall teach my child/children that doing ones' best is more important than winning, so that my child/children will never feel defeated by the outcome of a game and or his/her performance.
7. I shall applaud good efforts by all players and let the coaches/recreational specialist point out the mistakes.
8. I shall encourage my child/children to treat all other players, coach/recreational specialist and or referees with respect.
9. I shall remember that the game is for the children and not adults.
10. I shall put the emotional and physical being of my child/children first above everything else.
11. I shall remember that the goal of youth sports is the education, development and enjoyment of participating in the sport and not just the outcome.
12. I shall do my best to make sure my child/children has an enjoyable experience, win or lose
13. I shall do my part to provide a safe and fun environment

14. I shall remember all participants/players hear and see how parents and coaches/recreational specialist act and or react to situations and they will follow the example acted out in front of them good or bad.

**Course of Action**

**Disciplinary Action in response by a Parent/Guardian and or Chaperone Breaking the Code of Conduct: The Town of Ticonderoga Youth Commission and or its Program Coordinators may include but not limited to:**

1. **Verbal Warning**
2. **Asking Offenders to leave the premises**
3. **Forfeiture and or cancellation of the game and or any other disciplinary action the Town of Ticonderoga Youth Commission deems appropriate**

**Name Print** _____

**Signature:** _____ **Date** _____

September 2025

# TICONDEROGA YOUTH CENTER

The Ticonderoga Youth Center is now setting time aside each day (3:15 p.m. – 4:00 p.m.) for your K-5 child to work on homework in a quiet space with staff available to help if there are any questions. Please be aware that this does not guarantee that your child's homework is completed in full. As always it is to your best interest to check your child's backpack daily for any additional homework to be completed, corrections to be made, suggestions or even questions that teachers have sent home for your attention.

Thank you for supporting the Ticonderoga Youth Commission.

# HOMEWORK CLUB

The Homework Club will allow your child to work on homework during their time scheduled at the after-school program. When this permission slip is signed, your child will be put on the homework club list and directed to do their homework right after snack time.

For all parents that would like their child/children to be part of the homework club – Please sign below

Parents signature: Date:

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Childs name:

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