



## PINNACLE KIDS Summer Camp

### Parent Handbook & Registration Forms

Thank you for choosing to enroll your child in Pinnacle Athletic Campus Summer Camp! Below you will find information regarding our policies and procedures.

#### Program Responsibilities

Pinnacle Kids provides opportunities for kids to develop self-esteem, learn to work and play together, develop an appreciation for the environment, learn new skills, and develop the value of honesty, caring, respect, and responsibility that will last a lifetime.

The program and Pinnacle staff will provide a safe environment for all children. In the case of an injury or emergency, we will notify families via phone call as soon as possible.

#### Parent Responsibilities

Families are required to submit all forms listed below before their child starts in the Pinnacle Kids program. Families must provide contact information for 2 or more emergency contacts that can be reached during the program's operation in case of emergency.

We have a registration table at the front of the Kids Room where the children will be signed in and out.

**\*Please have a form of ID when picking up\*** Anyone picking up a child MUST have ID on them and be on the pick-up list. If there is someone picking up your child that is not on the list, please notify the childcare director if you are going to have someone not authorized for pick-up do such.

Care is from 8AM-4PM for all camp with before and after camp care offered at additional pricing for 6:30AM-8:00AM before and 4:00-6:00PM after. If you are late to pick up for aftercare an additional \$20 charge will be processed as a staff member waits with your child to be picked up.

#### Required Forms

The following attached forms are required before your child can attend our program. Copies of these forms can be found in the parent information binder. These forms can be emailed to [childcare@pinnacle-athletic.com](mailto:childcare@pinnacle-athletic.com) or brought in on your child's first day.

- Registration Form including emergency contacts
- Copy of your child's Medical Statement including immunization records
- Non-medication Consent Form
- Allergy Emergency Plan
- Waiver and Release of Liability
- Social Media Release
- OCFS-LDSS-7006 Individual health care plan (as applicable)
- OCFS-LDSS-7002 Medication consent form (as applicable)
- OCFS-6029 Allergy plan (as applicable)

#### Illness/Injury

Please refer to the program's Health Care Plan (located in the parent information binder) for full details about illness and injury procedures. While children are in the care of Pinnacle Kids, small cuts and scrapes will be treated by our CPR/First Aid certified staff using standard first aid procedure. Pinnacle Athletic Campus will allow well and moderately ill children to attend the program. A child is defined as "mildly ill" if the child has symptoms of a minor childhood illness that does not represent a significant risk of serious infection to other children. The care of the child must not interfere with the care or supervision of the other children.

In all cases of serious illness or injury, the Pinnacle staff will call 911. Staff will then call emergency contacts as soon as it is safe to do so. If the parent or guardian cannot be reached, we will contact any or all emergency contacts listed on the registration form.

"The program must immediately notify the parent and Office upon learning of the following events involving a child which occurred while the child was in care at the program or was being transported by the program: death, serious incident, serious injury, serious condition, communicable disease, or transportation to a hospital." [Title 18, New York Codes, Rules and Regulations] and "The program must immediately call 911 for children who require emergency medical care and also must in the event of an accident or illness requiring immediate health care, secure such care and notify the parent;" [Title 18, New York Codes, Rules and Regulations]. A full copy of this policy statement from OCFS can be found in the parent information binder.

#### Non-Medication Consent

Parents will provide sunscreen for their child for use during care and as well as specific topical ointments or bug sprays if needed. Sunscreen will be applied before outdoor play. If your child does not have sunscreen, stocked sunscreen by the program if consent is given to apply non-medication. Additionally antibiotic ointment, anti-itch cream, burn cream, and alcohol wipes will be stocked by program and used as needed with consent given to do so. To consent to the use of these please fill out the attached non-medication consent form.

Staff NOT authorized to administer medications may administer emergency care through the use of epinephrine auto-injector devices, diphenhydramine when prescribed for use in combination with the epinephrine auto-injector, asthma inhalers or nebulizers when necessary to prevent or treat anaphylaxis or breathing difficulty for an individual child when the parent and the child's health care provider have indicated such treatment is appropriate. If a child requires this kind of treatment, you will need to submit an individual health care plan, an individual allergy and anaphylaxis emergency plan, and medication consent form as applicable.

#### Children's Code of Conduct

The Pinnacle Athletic Campus takes seriously the important of the protection and safety of the children enrolled in the program.

The rules for children participating in the program are:

1. Follow all Childcare Program procedures during mealtimes, activities, and emergency drills.
2. Follow all instructions given by childcare staff.

3. Tell the childcare staff if I am sick or hurt.
4. Respect all other children, supplies, equipment, property, and teachers always.

### Behavior Management

Please review the program's behavior management plan (located in the parent information binder and provided upon enrollment) for a comprehensive explanation of our practices at Pinnacle Kids.

Pinnacle Athletic Campus does its best to provide a nurturing environment for children of all different backgrounds and encourages each child to reach their full potential. This is achieved through role modeling, re-direction, positive reinforcements, and use of problem-solving skills. Corporal punishment is prohibited. Staff may not punish a child by withholding food, rest, or outdoor activities.

Any child that commits an act of physical aggression or gross disobedience may result in any of the following actions as determined by the childcare director or lead childcare staff: warnings, breaks from activities, parent contact, or suspension from the program. Any discipline used must relate to the child's actions and be handled directly after the incident so that the child is aware of the relationship between his or her actions and the consequences of those actions.

If a negative behavior is displayed, it will be addressed with the child immediately by telling them the behavior witnessed. The child will be asked why this behavior was displayed and a solution will try to be worked out. The child will receive one warning and will be told it is their warning. If the child displays the same behavior again, they will take a break from the activity for five minutes in an area where they can still be directly supervised. If a child has to take 3 breaks in the same day, you will be contacted as well as the childcare director.

If there are consistent behavior concerns and there is no improvement after conferences and other efforts to improve the child's behavior, the child may be disenrolled from the program.

### Meals

Pinnacle will provide breakfast, lunch and a afternoon snack. Parents may pack an alternative/extra breakfast, lunch, or snack that is clearly labeled with the child's name or packed in a lunch pail for them. Please do not pack items that need be warmed up or refrigerated. All allergies must be disclosed on the child's medical statement and all allergies will be accommodated for during meal and snack times.

### Healthy Eating Information

Healthy eating in childhood and adolescence is important for proper growth and development and to prevent various health conditions. The *Dietary Guidelines for Americans, 2020–2025* recommend that people aged 2 years or older follow a healthy eating pattern that includes the following:

A variety of fruits and vegetables, whole grains, fat-free and low-fat dairy products, a variety of protein foods and oils.

These guidelines also recommend that individuals limit calories from solid fats (major sources of saturated and trans fatty acids) and added sugars and reduce sodium intake. This information is retrieved from: <https://www.cdc.gov/healthyschools/nutrition/facts.htm>.

Pinnacle Kids will provide healthy snacks and meals. You may request more resources about healthy food and beverage choices and the prevention of childhood obesity by emailing [childcare@pinnacle-athletic.com](mailto:childcare@pinnacle-athletic.com).

## Safety

Electronic visual monitors are used at Pinnacle Athletic Campus to ensure the safety of all children, staff, and guests. These monitors are installed both inside and outside of the building.

Please review our program's emergency plan (located in the parent information binder) for all procedures that will be followed in the event of an emergency. If the program is forced to relocate due to an emergency, parents will be notified via phone as soon as possible and will be asked to meet at our primary or secondary relocation site for pick-up. Children will walk as a group to the relocation site and remain there until they are picked up.

### Primary Relocation Site:

Sealand Contractors  
7649 Hannan Parkway  
Victor, NY  
585-924-3180

### Secondary Relocation Site:

O'Connell Electric  
830 Phillips Road  
Victor, NY  
585-924-2176

For evacuation drills and emergencies, we will gather based on the location of the group at the time of the emergency. Evacuation locations are as follows:

- Kids room: North end of parking lot (primary), East parking lot (secondary)
- East basketball courts: East parking lot (primary), North end of parking lot (secondary)
- Volleyball courts: North end of parking lot (primary), West parking lot (secondary)

## Child Abuse/ Maltreatment Safety Plan

Staff are required to report suspected child abuse or maltreated to the statewide center of child abuse and maltreatment.

If you believe your child has been abused or maltreated, you may contact the NYS Child Abuse Hotline at 1-800-342-3720.

The following are the procedures which will assure the safety of a child who is reported to the Statewide Central Register of Child Abuse and Maltreatment (SCR), as well as other children provided care in the program, immediately upon notification that a SCR report has been made: Take steps to keep the child, and other children in the program, from further harm. Obtain medical attention for the child if appropriate.

The school-age child care program may take one or more of the following actions with regards to any staff or volunteer or other person who is the subject of a child abuse or maltreatment report involving a child while in attendance at the program: Dismissal, suspension or transfer of any staff or volunteer or other person who is the subject of a child abuse or maltreatment report. Increased supervision over a person who is the subject of a report. Provision of instruction and/or remedial counseling to a person who is the subject of a report. Appropriate disciplinary action, provision of appropriate training and/or increased supervision of staff and/or volunteers pertinent to the prevention and remediation of child abuse and maltreatment.

### NYS Regulations & Contact Information

The New York State School Age Child Care (SACC) regulations can be found in the Parent Information binder in the Kids Room at Pinnacle Athletic Campus, or online at:

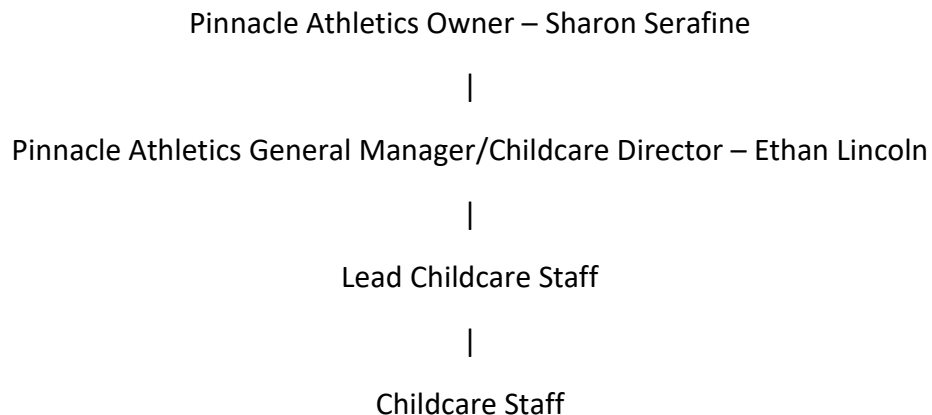
<https://ocfs.ny.gov/programs/childcare/regulations/414-SACC.pdf>

Child Care Complaints in NYS (toll-free): 800-732-5207

Rochester Regional Office  
NYS Office of Children and Family Services  
259 Monroe Avenue, 3rd Fl. Monroe Square  
Rochester, NY 14607  
585-238-8531

### Staff

The chain of command for Pinnacle Athletic Campus staff are as follows:



### Termination

This contract begins on the following date: \_\_\_\_\_ and may be terminated by either parent/guardian by giving one (1) week's written notice to the other party. The provider may terminate the contract without notice if the parent/guardian is over two (2) weeks late with scheduled payments. Parent/guardian may terminate the contract without notice if the provider does not comply with NYS child care regulations/laws.

**Child's Name:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# REGISTRATION FORM

OCFS-LDSS-0792 (08/2019) FRONT

<b>PHOTO OF CHILD (Optional)</b>		<b>NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES DAY CARE ENROLLMENT</b>				
		PROGRAM NAME:		ADDRESS:		PHONE NUMBER: ( ) -
		CHILD'S FULL NAME:			DATE OF BIRTH:	GENDER:
		PREFERRED NAME/NICKNAME:			/ /	
		CHILD'S HOME ADDRESS:				
		NAME OF PERSON ENROLLING CHILD:		RELATIONSHIP TO CHILD:		
				<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other _____		
PHONE NUMBER(S) OF PERSON ENROLLING CHILD: ( ) -		<input type="checkbox"/> ok to text		ADDRESS OF PERSON ENROLLING CHILD (IF DIFFERENT THAN CHILD):		
EMAIL ADDRESS:						
<b>EMERGENCY INFO</b>	EMERGENCY CONTACT NAMES / ADDRESSES		Authorized to Pick Up Child	PRIMARY PHONE NUMBER	OTHER PHONE NUMBER / EMAIL	
	PRIMARY CONTACT:		<input type="checkbox"/> Yes <input type="checkbox"/> No	( ) - <input type="checkbox"/> ok to text	( ) - <input type="checkbox"/> ok to text	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	( ) - <input type="checkbox"/> ok to text	( ) - <input type="checkbox"/> ok to text	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	( ) - <input type="checkbox"/> ok to text	( ) - <input type="checkbox"/> ok to text	
<b>FOR PROGRAM USE ONLY</b> DATE OF ENROLLMENT: / /			<b>FOR PROGRAM USE ONLY</b> DATE OF DISENROLLMENT: / /			

OCFS-LDSS-0792 (08/2019) REVERSE

CHILD'S FULL NAME:		DATE OF BIRTH: / /
Check boxes below to indicate if your child has any special needs/services: <input type="checkbox"/> None <input type="checkbox"/> Early Intervention/Special Education <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech/Language <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Allergies (Please list) _____ <input type="checkbox"/> Other _____		
Please provide information here <b>AND</b> discuss with your child care provider:		
CHILD'S PRIMARY CARE PHYSICIAN'S NAME/ GROUP:		PHONE NUMBER: ( ) -
PREFERRED HOSPITAL:		PHONE NUMBER: ( ) -
CHILD'S DENTAL CARE:		PHONE NUMBER: ( ) -
Child health care information is available by calling toll-free 1-800-698-4543 or the NYS Health Marketplace website: <a href="https://nystateofhealth.ny.gov/">https://nystateofhealth.ny.gov/</a>		
<b>AGREEMENTS</b>		
• I consent to emergency medical treatment for my child.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
• I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
• I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
• I provided information on my child's special needs to the program to assist in caring for my child.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
• I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
• I agree to review and update this information whenever a change occurs and at least once every year.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE:		DATE: / /



# MEDICAL INFORMATION

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OCFS-LDSS-4433 (Rev. 06/2019)

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**CHILD IN CARE MEDICAL STATEMENT**

To Be Completed By Licensed Physician, Physician Assistant or Nurse Practitioner

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Examination: \_\_\_\_\_

**Immunizations required for entry into day care**

**Medical Exemption** The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s).

☐ Yes ☐ No

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /	4 <sup>th</sup> Date / /	5 <sup>th</sup> Date / /
Polio (IPV or OPV)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /	4 <sup>th</sup> Date / /	
Haemophilus influenzae type B (Hib)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /	4 <sup>th</sup> Date OR 1 <sup>st</sup> Date (if given on or after 15 months of age) / /	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /	4 <sup>th</sup> Date / /	
Hepatitis B	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /		
Measles, Mumps and Rubella (MMR)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /			
Varicella (also known as Chicken Pox)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /			

**Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A**

Type of Immunization: / /	Date: / /	Type of Immunization: / /	Date: / /
Type of Immunization: / /	Date: / /	Type of Immunization: / /	Date: / /
Type of Immunization: / /	Date: / /	Type of Immunization: / /	Date: / /

**Tests**Tuberculin Test Date: / / Mantoux Results: ☐ Positive ☐ Negative mm

TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test.

If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: / /

Attach lead level statement

**Lead Screening (Include All Dates and Results)**1 year / / Result: mcg/dL ☐ Venous ☐ Capillary2 years / / Result: mcg/dL ☐ Venous ☐ Capillary**Most recent date of lead screening (if different from above):**/ / Result: mcg/dL ☐ Venous ☐ Capillary

**Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely.** If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.

(Continued on reverse side)

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**NON-MEDICATION CONSENT FORM**  
**Child Day Care Programs**

- This form may be used when a parent consents to having over-the-counter products administered to their child in a child day care program. These products include, but are not limited to: topical ointments, lotions and creams, sprays, sunscreen products and topically applied insect repellent.
- This form should NOT be used to meet the consent requirements for the administration of the following: prescription medications, oral over-the-counter medications, medicated patches, and eye, ear, or nasal drops or sprays. OCFS Form 7002 would meet the consent requirements for medications.
- One form must be completed for each over-the-counter product. Multiple products cannot be listed on one form.
- This form must be completed in a language in which the staff is literate.
- If parent's instructions differ from the instructions on the product's packaging, permission must be received from a health care provider or licensed authorized prescriber.

**PARENT TO COMPLETE THIS SECTION (#1 - #14)**

1. Child's first and last name:		2. Date of birth:		3. Child's known allergies:	
4. Name of product (including strength):			5. Amount to be administered:		6. Route of administration:
7A. Frequency to be administered, include times of day if appropriate: _____ <b>OR</b>					
7B. Identify the conditions that will necessitate administration of the product (signs and symptoms must be observable prior to administration): _____					
8A. Possible side effects: <input type="checkbox"/> See product label for complete list of possible side effects (parent must supply) <b>AND/OR</b>					
8B. Additional side effects:					
9. What action should the child care provider take if side effects are noted: <input type="checkbox"/> Contact parent _____ Other (describe): _____					
10A. Special instructions: <input type="checkbox"/> See package insert for complete list of special instructions (parent must supply) <b>AND/OR</b>					
10B. Additional special instructions: _____					
11. Reason(s) for use (unless confidential by law): _____					
12. Parent name (please print):			13. Date authorized:		
14. Parent signature: <b>X</b>					

**DAY CARE PROGRAM TO COMPLETE THIS SECTION (#15 - #21)**

15. Program name:		16. Facility ID number:		17. Program telephone number:	
18. I have verified that #1, -#14 are complete. My signature indicates that all information needed to administer this product has been given to the child day care program.					
19. Staff's name (please print):				20. Date received from parent:	
21. Staff's signature: <b>X</b>					

OCFS-6029 (01/2021)

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**INDIVIDUAL ALLERGY AND ANAPHYLAXIS EMERGENCY PLAN**

**Instructions:**

- This form is to be completed for any child with a known allergy.
- The child care program must work with the parent(s)/guardian(s) and the child's health care provider to develop written instructions outlining what the child is allergic to and the prevention strategies and steps that must be taken if the child is exposed to a known allergen or is showing symptoms of exposure.
- This plan must be reviewed upon admission, annually thereafter, and anytime there are staff or volunteer changes, and/or anytime information regarding the child's allergy or treatment changes. This document must be attached to the child's Individual Health Care Plan.
- Add additional sheets if additional documentation or instruction is necessary.

Child's Name: \_\_\_\_\_ Date of Plan: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Current Weight: \_\_\_\_\_ lbs.  
 Asthma: ☐ Yes (higher risk for reaction) ☐ No

**My child is reactive to the following allergens:**

Allergen:	Type of Exposure: (i.e., air/skin contact/ingestion, etc.):	Symptoms include but are not limited to: (check all that apply)
		<input type="checkbox"/> Shortness of breath, wheezing, or coughing <input type="checkbox"/> Pale or bluish skin, faintness, weak pulse, dizziness <input type="checkbox"/> Tight or hoarse throat, trouble breathing or swallowing <input type="checkbox"/> Significant swelling of the tongue or lips <input type="checkbox"/> Many hives over the body, widespread redness <input type="checkbox"/> Vomiting, diarrhea <input type="checkbox"/> Behavioral changes and inconsolable crying <input type="checkbox"/> Other (specify)
		<input type="checkbox"/> Shortness of breath, wheezing, or coughing <input type="checkbox"/> Pale or bluish skin, faintness, weak pulse, dizziness <input type="checkbox"/> Tight or hoarse throat, trouble breathing or swallowing <input type="checkbox"/> Significant swelling of the tongue or lips <input type="checkbox"/> Many hives over the body, widespread redness <input type="checkbox"/> Vomiting, diarrhea <input type="checkbox"/> Behavioral changes and inconsolable crying <input type="checkbox"/> Other (specify)
		<input type="checkbox"/> Shortness of breath, wheezing, or coughing <input type="checkbox"/> Pale or bluish skin, faintness, weak pulse, dizziness <input type="checkbox"/> Tight or hoarse throat, trouble breathing or swallowing <input type="checkbox"/> Significant swelling of the tongue or lips <input type="checkbox"/> Many hives over the body, widespread redness <input type="checkbox"/> Vomiting, diarrhea <input type="checkbox"/> Behavioral changes and inconsolable crying <input type="checkbox"/> Other (specify)

If my child was **LIKELY** exposed to an allergen, for **ANY** symptoms:

☐ give epinephrine immediately

If my child was **DEFINITELY** exposed to an allergen, even if no symptoms are present:

☐ give epinephrine immediately

OCFS-6029 (01/2021)

Date of Plan:        /        /

**THE FOLLOWING STEPS WILL BE TAKEN IF THE CHILD EXHIBITS SYMPTOMS including, but not limited to:**

- **Inject epinephrine immediately and note the time when the first dose is given.**
- **Call 911/local rescue squad** (Advise 911 the child is in anaphylaxis and may need epinephrine when emergency responders arrive).
- Lay the person flat, raise legs, and keep warm. If breathing is difficult or the child is vomiting, allow them to sit up or lie on their side.
- If symptoms do not improve, or symptoms return, an additional dose of epinephrine can be given in consultation with 911/emergency medical technicians.
- Alert the child's parents/guardians and emergency contacts.
- After the needs of the child and all others in care have been met, immediately notify the office.

#### **MEDICATION/DOSES**

- Epinephrine brand or generic:
- Epinephrine dose: ☐ 0.1 mg IM    ☐ 0.15 mg IM    ☐ 0.3 mg IM

#### **ADMINISTRATION AND SAFETY INFORMATION FOR EPINEPHRINE AUTO-INJECTORS**

When administering an epinephrine auto-injector follow these guidelines:

- Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than the mid-outer thigh. If a staff member is accidentally injected, they should seek medical attention at the nearest emergency room.
- If administering an auto-injector to a young child, hold their leg firmly in place before and during injection to prevent injuries.
- Epinephrine can be injected through clothing if needed.
- Call 911 immediately after injection.

#### **STORAGE OF EPINEPHRINE AUTO-INJECTORS**

- All medication will be kept in its original labeled container.
- Medication must be kept in a clean area that is inaccessible to children.
- All staff must have an awareness of where the child's medication is stored.
- Note any medications, such as epinephrine auto-injectors, that may be stored in a different area.
- Explain here where medication will be stored:

#### **MAT/EMAT CERTIFIED PROGRAMS ONLY**

Only staff listed in the program's Health Care Plan as medication administrant(s) can administer the following medications. Staff must be at least 18 years old and have first aid and CPR certificates that cover all ages of children in care.

- Antihistamine brand or generic:
- Antihistamine dose:
- Other (e.g., inhaler-bronchodilator if wheezing):

**\*Note: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.**

#### **STORAGE OF INHALERS, ANTIHISTAMINES, BRONCHODILATOR**

All medication will be kept in its original labeled container. Medication must be kept in a clean area that is inaccessible to children. All staff must have an awareness of where the child's medication is stored. Explain where medication will be stored. Note any medications, such as asthma inhalers, that may be stored in a different area.

Explain here:

Document plan here: \_\_\_\_\_

Ambulance: (       )       -	
Child's Health Care Provider:	Phone #: (       )       -
Parent/Guardian:	Phone #: (       )       -

Name/Relationship:	Phone#: (     )     -
Name/Relationship:	Phone#: (     )     -
Name/Relationship:	Phone#: (     )     -

Parent/Guardian Authorization Signature:	Date:	/	/
Physician/HCP Authorization Signature:	Date:	/	/
Program Authorization Signature:	Date:	/	/



## WAIVER AND RELEASE OF LIABILITY

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINORITY AGE (Under age 18 at time of registration)

IN CONSIDERATION of my child being allowed to participate in any way in the training, events and activities ("Activities"), related events and activities, the undersigned parent(s) or legal guardian(s), acknowledges, appreciates, and agrees that:

1. The risk of injury to my child from the Activities is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of Pinnacle Athletics, LLC and Pinnacle Athletic Campus, LLC or others, and assume full responsibility for my child's participation; and
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and
4. I, for myself on behalf of my/our heirs, assigns, personal representatives and next of kin, hereby release the other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, hereafter referred to as Releasees, with respect to any and all injury, disability, death, or loss or damage to person or property incidental to my child's involvement or participation in these programs, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law.
5. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, hereby agree to assume the risk and hold harmless, release, and otherwise indemnify Pinnacle Athletics, LLC and Pinnacle Athletic Campus, LLC, its officers or agents, its affiliated organizations and sponsors and the owners of, in the performance of said fields and facilities utilized for the programs, from any liability from any and all liabilities incidental to my involvement or participation in the Activities, even if arising from their negligence, to the fullest extent permitted by law.
6. In addition, I acknowledge that COVID-19 infections have been confirmed in New York State and that in accordance with Ontario County Health guidelines, no children should participate in the program within 14 days of symptoms of COVID-19 or exposure to any person who has a suspected or confirmed case of COVID-19. The undersigned acknowledges both known and potential dangers of utilizing the facilities and programs of Pinnacle Athletic Campus and releases.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

## SOCIAL MEDIA RELEASE

I also understand that once I, or my family members, image(s) have been captured, they may be posted on the Pinnacle Athletics Website or social media platforms, the image can be downloaded by any computer user on or off the premises of the Sports Complex. Pinnacle Athletics also reserves the right to discontinue use of photos without notice.

\_\_\_\_\_ I allow my child to be photographed while at Pinnacle Kids and posted to Pinnacle Athletic's social media.

\_\_\_\_\_ I would NOT like my child to be included in any photographs released to social media.

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I HAVE READ THIS RELEASE OF LIABILITY, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL LEGAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

This is to certify that I am the parent or guardian of the minor Participant named above, having legal responsibility for this minor, and I do hereby consent (with the approval of my spouse, if any) to the minor's participation in the Activities and agree to the Release of Liability as provided above and hereby make and enter into each and every representation, certification, waiver, release, assumption and indemnity described above in the Release of Liability on behalf of myself, the minor, any other parent or guardian of the minor, and our heirs, assigns, personal representatives, and next of kin.

I agree to give up my rights, the minor's rights, and the rights of any other parent or guardian to maintain any claim or suit against Releasees arising out of the minor's presence or participation in the Activities. I believe and represent that I HAVE LEGAL AUTHORITY TO MAKE THESE WAIVERS AND RELEASES, and I agree to indemnify and defend the Releasees for all liability arising out of any lack of authority on my part to make such waivers and releases.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## WHAT TO BRING

PLEASE LABEL ALL ITEMS WITH YOUR CHILD'S FIRST AND LAST NAME!

- ☐ CLOSED TOE SHOES
- ☐ APPROPRIATE DRESS FOR WEATHER/CHANGE OF CLOTHES
- ☐ WATER BOTTLE
- ☐ OWN LUNCH, BREAKFAST, OR SNACK (if desired) – labeled with child's name

## WHAT NOT TO BRING

- ☐ ELECTRONICS (CELLPHONES, TABLETS, IPODS, OR VIDEO GAME CONSOLES)
- ☐ MONEY

\*\*\*PINNACLE IS NOT RESPONSIBLE FOR LOST, STOLEN, OR BROKEN ITEMS\*\*\*