

**Children's Camp Workshop 2018 Certificate of Compliance**

This form certifies that the names listed below have viewed all of the Westchester County required Summer Camp Workshop presentations.

Camp Name:						
Camp Permit #	59 -			59 -		
	59 -			59 -		
	59 -			59 -		

Please enter your **Camp Name(s) and Permit #** in the above fields. Input all Camp ID #'s if you operate multiple camps. Once you and your staff have completed viewing the material from our website ([westchestergov.com/health](http://westchestergov.com/health)), fill in the Name and Title of each person and **check off** each presentation viewed with an **X** from the list below. Upon completion, return this form with your permit application packet. **All titles are required viewing for the Camp Director.** Camps that do **not** swim **or** have aquatic trips are not required to view the Aquatics presentation. We highly recommend that all staff be afforded the opportunity to view all presentations.

Name (First Last):				Title:			
<u>Aquatics</u> 1 PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Orientation Training</u> 1 PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<u>Camp Safety 101</u> 1 PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name (First Last):				Title:			
<u>Aquatics</u> 1 PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Orientation Training</u> 1 PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<u>Camp Safety 101</u> 1 PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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				<u>Camp Safety 101</u> 1 PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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				<u>Camp Safety 101</u> 1 PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Do you have any suggestions for future topics for this portion of the Workshop? If so, please list below:

For further assistance, CONTACT your District Office during normal working hours 8:30am-4:30pm

Mt. Kisco District Office (914) 864-7330

Health Department 24/7 Emergency Contact (914) 813-5000