

Children's Camp Workshop 2010 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), 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>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Orientation Training</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 PowerPoint				1 PowerPoint			
				<u>Concussions</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				1 PowerPoint			

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

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<u>Aquatics</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Orientation Training</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 PowerPoint				1 PowerPoint			
				<u>Concussions</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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1 PowerPoint				1 PowerPoint			
				<u>Concussions</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				1 PowerPoint			

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 914-864-7330

24/7 Emergency Contact 914-813-5000