

# Westchester County Department of Health

## Children's Camp Workshop 2016 Certificate of Compliance

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

|                      |             |  |  |             |  |  |
|----------------------|-------------|--|--|-------------|--|--|
| <b>Camp Name:</b>    |             |  |  |             |  |  |
| <b>Camp Permit #</b> | <b>59 -</b> |  |  | <b>59 -</b> |  |  |
|                      | <b>59 -</b> |  |  | <b>59 -</b> |  |  |
|                      | <b>59 -</b> |  |  | <b>59 -</b> |  |  |

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.

|                            |  |                             |  |
|----------------------------|--|-----------------------------|--|
| <b>Name (First Last ):</b> |  | <b>Title:</b>               |  |
| <u>Aquatics</u>            |  | <u>Orientation Training</u> |  |
| 1 PowerPoint               |  | 1 PowerPoint                |  |
| <u>Concussions</u>         |  |                             |  |
|                            |  |                             |  |

|                            |  |                             |  |
|----------------------------|--|-----------------------------|--|
| <b>Name (First Last ):</b> |  | <b>Title:</b>               |  |
| <u>Aquatics</u>            |  | <u>Orientation Training</u> |  |
| 1 PowerPoint               |  | 1 PowerPoint                |  |
| <u>Concussions</u>         |  |                             |  |
|                            |  |                             |  |

|                            |  |                             |  |
|----------------------------|--|-----------------------------|--|
| <b>Name (First Last ):</b> |  | <b>Title:</b>               |  |
| <u>Aquatics</u>            |  | <u>Orientation Training</u> |  |
| 1 PowerPoint               |  | 1 PowerPoint                |  |
| <u>Concussions</u>         |  |                             |  |
|                            |  |                             |  |

|                            |  |                             |  |
|----------------------------|--|-----------------------------|--|
| <b>Name (First Last ):</b> |  | <b>Title:</b>               |  |
| <u>Aquatics</u>            |  | <u>Orientation Training</u> |  |
| 1 PowerPoint               |  | 1 PowerPoint                |  |
| <u>Concussions</u>         |  |                             |  |
|                            |  |                             |  |

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**