

Note: this form can only be completed by a parent or legal guardian

T-shirt Size Please Circle: YS YM YL YXL AS AM AL

Child's Information:

Child's Name _____ DOB _____ Girl _____ Boy _____

Grade Fall Semester 2011 _____ School _____ Number of years in Summer Rec _____

Home Phone _____ Address _____ City _____ ST _____ Zip _____

Allergies _____ Medications _____

Child will most likely attend by the: Please circle... WEEK or DAY or MORNING or AFTERNOON SESSION

If attending part-time by the day please indicate which days of the week _____

Child is considered to be a Swimmer _____ or Non-Swimmer _____ Requires a floatation device _____ Allowed in Deep Area _____

Parent/Guardian Information:

Mother's Name _____ Work Phone _____ Cell Phone _____

Father's Name _____ Work Phone _____ Cell Phone _____

Emergency Contact Name (not a parent) _____ Phone _____

List all persons that are allowed to pick this child up from camp this summer other than parent:

Name _____ Phone _____ Relationship to Child _____

Name _____ Phone _____ Relationship to Child _____

Name _____ Phone _____ Relationship to Child _____

List all persons that are **NOT** allowed to pick up this child:

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

Please list any special instructions/concerns for your child we need to know about:

Autistic: Y ___ N ___ Medication _____

ADD: Y ___ N ___ Medication _____

ADHD: Y ___ N ___ Medication _____

Epileptic: Y ___ N ___ Medication _____

Asthmatic: Y ___ N ___ Medication _____

History of Seizures: Y ___ N ___ How Often: _____ Date of Last One: _____

Any other conditions or concerns we need to be aware of: _____

Any restraining order or custody battle details we need to know about: _____

If a case worker will be visiting your child while attending the program, please give the day and name of the case worker _____

Parent/Guardian must read the below statement and sign to allow child's admittance to program:

I, _____ have received a copy, read & understand the Summer Recreation Policies & Procedures Parent Handbook as stated and am fully aware of what is expected of my child & myself as participants of the program. I accept any and all responsibility for damages that occur as an action of my child while at the youth center or any other location. I also relieve the youth center & its employees of any and all liability or responsibility if my child is injured. I hereby give consent to the youth center staff or a duly appointed agent for my child to receive medical or surgical aid as may be deemed necessary & expedient by a duly licensed physician or surgeon in case of an emergency when I cannot be reached.

Parent/Guardian's Signature _____ Date _____