

TOWN OF GHENT RECREATION PROGRAM  
Registration/ Medical Release

Paid \_\_\_\_\_

Check # \_\_\_\_\_

Amount \$ \_\_\_\_\_

ALLERGIES \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB \_\_\_\_\_ NEXT YR GRADE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

Address \_\_\_\_\_

EMERGENCY CONTACTS + INDIVIDUALS

Please list below authorized who can pick up your child from camp. In the event that a person not listed will need to pick up your child, send a note in with your child.

NAME: \_\_\_\_\_ PHONE \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE \_\_\_\_\_

MEDICAL INFORMATION (Immunization record or exemption is required)

PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

HEALTH CARE PLAN AND ID# \_\_\_\_\_

CURRENT MEDICATIONS \_\_\_\_\_

Please circle below if child has:

- LYME
- ASTHMA/SHORTNESS BREATH
- HEART TROUBLE/FAINTING
- HAY FEVER
- BLEEDING DISORDERS
- DIET RESTRICTIONS
- OTHER \_\_\_\_\_

IN CASE OF EMERGENCY, I GIVE THE GHENT SUMMER RECREATION PROGRAM PERMISSION TO HAVE MY CHILD TREATED AT THE NEAREST HOSPITAL.

I acknowledge that my child's experience in the Ghent Recreation program will be outdoors, often in direct sun and around areas containing playground equipment. I understand there is a chance of my child encountering the following hazards including but not limited to bees and ticks. I understand and acknowledge field trips will involve **swimming and other activities requiring physical risks. I realize no environment is risk free and so have instructed** my child on the importance of abiding by all camp rules. I give permission for my child to bring and allow Employees of the Town of Ghent to apply his or her sunscreen as needed. Employees for the Town of Ghent will not be held legally responsible for any accidents/incidents related to any participation in the summer program. I have read + agreed w/ the 2018 Ghent Summer Recreation Program Overview. By signing this my child has permission to participate in field trips.

Name of Parent/Guardian \_\_\_\_\_

Signature \_\_\_\_\_ DATE \_\_\_\_\_