

**TOWN OF GHENT
RECREATION
PROGRAM**

Registration/
Medical Release

Amount Paid__
Check # _____

ALLERGIES _____

CHILD'S NAME: _____ AGE: _____ DOB _____ NEXT YR GRADE _____

CELL PHONE (that I will immediately answer) _____ alternative PHONE _____

PARENT/GUARDIAN _____

Address _____

EMERGENCY CONTACTS and 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/exemption is required, on 1st day, to attend - as per DOH)

PHYSICIAN _____ PHONE: _____

HEALTH CARE PLAN AND ID# _____

CURRENT MEDICATIONS _____

Please circle below if child has:

- LYME • ASTHMA/SHORT BREATH • HEART TROUBLE
- HAY FEVER • BLEEDING DISORDERS • FAINTING
- OTHER _____ • DIET RESTRICTIONS

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 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 I have instructed my child on the importance of abiding by all camp rules. 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 give permission for my child to bring and allow Employees of the Town of Ghent to apply sunscreen as needed.

By signing this my child has permission to participate in field trips.

I have read and agree to the Ghent Summer Recreation Program Overview.

Name of Parent/Guardian _____

Signature _____ DATE _____