

B FORM

EMERGENCY, HEALTH & MEDICAL WAIVER, TRIP RELEASE FORM AND T-SHIRTS SIZE

RETURN THIS FORM BY JUNE 8TH - \$15 late fee will be charged starting on June 9th.

A SEPARATE FORM FOR EACH CHILD IN YOUR FAMILY MUST BE PROVIDED. PLEASE PRINT CLEARLY

Child's Name _____ M / F Date of Birth _____ Grade Sept. 2019 _____

Address _____ Town/City _____ State _____ Zip _____

Parent/guardian(s) contact info:

First & last name(s): _____

Address _____ City _____ State _____ Zip _____

Best Phone number to reach you _____ Work: _____

E-MAIL ADDRESS

*E-MAIL ADDRESS IS NOT SHARED. YOU WILL RECEIVE PROGRAM INFO. PLEASE PRINT NEATLY

SIBLINGS IN PROGRAM: YES / NO IF YES, SIBLING NAMES & GRADE.

1. _____ 2. _____
NAME GRADE NAME GRADE

ATTACH ADDITIONAL SHEET IF NEEDED. Please note: For children who require a one-on-one aide for school, the parent/guardian must provide an aide for child.

ADDITIONAL EMERGENCY CONTACT: List additional people who will assume temporary care of your child if you cannot be reached and/or who have permission to pick up your child from the program. **NOTE:** Please be sure to notify your emergency contact that you have listed them as such. Children who are dismissed for illness or misbehavior are required to be picked up within 30 minutes of contact. Photo ID may be required if staff is unfamiliar with person listed.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

T-SHIRTS (Including in registration fee and one per camper- register and paid by June 4th)

CIRCLE ONE:

Child Sm Child -Med Child-Lg Child XL Adult -Sm Adult Med Adult -Lg Adult -XL

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MEDICAL AND HEALTH INFO

Physician _____ Phone _____

Allergies* (include all) _____

Epi Pen: Yes: _____ No _____ Inhaler: Yes: _____ No _____

Physical Disabilities/Restrictions* _____ Medications: _____

MEDICAL RELEASE / WAIVER Participation in this sport/activity may involve risk of injury. As a parent or participant, I am aware of these hazards and my ability or my child's ability to participate. In consideration for participation in the program(s) listed here, I hereby for myself, my heirs, executors and administrators waive and release all rights and claims against the Town of Atkinson, its officers, employees, agents, volunteers and supervisors, except in the case of their sole negligence, from all losses, injury, damages, fees and other expenses, arising out of or in connection with participation in the activity. In addition, I give my permission for my child to be treated by qualified medical personnel in the event that the parent/guardian named below cannot be reached at the phone numbers provided and for my child to be transported by emergency vehicle to a hospital if needed. All Recreation Department classes/events may be photographed or videotaped for Town of Atkinson programs and promotions. Photos may appear in local publications and/or on local Cable TV PAGE access channels or other electronic media unless prior written instruction has been received by the Recreation Dept. from the parent/guardian. I understand that I am responsible for providing an aide for my child if my child requires assistance by an aide during the school day for either physical, mental or behavioral assistance or that such assistance is not the financial responsibility of this program. I understand and signify by my signature below, that I have read and understand all information put forth by Atkinson Recreation regarding this program. Further, I understand that this program is neither a daycare or a camp and that no medical personnel are on site nor does staff administer prescription medications. Please sign to complete registration form.

PRINT PAREN/GURDIAN NAME

PARENT/GUARDIAN SIGNATURE

DATE:

FILL IN IF APPLICABLE

INHALER RELEASE/PERMISSION:

My child _____ uses an inhaler and is carrying an inhaler while attending the Atkinson Recreation Program. I am aware that the Recreation Program DOES NOT have medical staff on site to administer this medication and WILL NOT administer this or other medication to my child. My child is capable of administering this inhaler to him or herself without assistance. My child has my permission to use the inhaler AFTER the program director or assistant has been notified and a staff member is present to observe my child administering the inhaler to him or herself. My child is responsible for this inhaler while participating in the recreation program and its related activities including field trips. I will label my child's inhaler with his/her name. Your child's use will be documented and reported to parent/guardian at the end of the activity period.

PRINT PAREN/GURDIAN NAME

PARENT/GUARDIAN SIGNATURE

DATE:

TRIP RELEASE: I give my child _____ permission to attend any of the field trips offered by the Atkinson Recreation, Sun 'n fun program. (Not for Kindergarteners)

PRINT PAREN/GURDIAN NAME

PARENT/GUARDIAN SIGNATURE

DATE: