

Brocton-Portland Summer Recreation Registration Form

Child

First _____ Middle Initial _____ Last _____
 Gender: Male ___ Female ___
 School Name _____ Grade _____ Birth date ____/____/____ Age _____
 Street Address _____
 Town/City _____ State _____ Zip code _____ Child's Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____
 Street Address _____
 Town/City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____
 Cell phone _____ FAX _____ E-mail _____
 Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____
 Street Address _____
 Town/City _____ State _____ Zip code _____ Home Phone _____ Daytime phone _____
 Cell phone _____ FAX _____ E-mail _____
 Occupation _____ Employer _____
 Child lives with: _____
 Person responsible for payment _____

In case of medical emergency contact:

	Name	Phone #	Relationship to Child	Allowed to Sign Child Out?
Contact #1				
Contact #2				
Contact #3				

Medical Release Information

Primary Physician _____
 Address _____
 Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes ___ No ___ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes ___ No ___ If yes, explain: _____

Does your child require a special diet?

Yes ___ No ___ If yes, explain: _____

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The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that the Village of Brocton, Village of Portland, Summer Recreation, or Brocton Central School will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Photo Release

I hereby give permission for my child to be photographed during the Summer Recreation Program I understand the photos will may be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including fliers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Village of Brocton and its affiliates.

Parent's/Guardian's Initials _____

Transportation Release

I hereby understand that I am responsible to provide transportation to and from the Program no earlier than 8:30am and no later than 3:30pm unless otherwise stated due to a field-trip.

Parent's/Guardian's Initials _____

In order for us to maintain safe procedures for those students who have permission to walk or bike home after school or during the program, parents need to sign below. Students will not be permitted to walk or bike until this section is signed and the slip is on file. Each morning, please make sure your child knows how they are getting home that day. Students are allowed to check for parent text messages at the end of the day.

Permission for Student to Walk or Bike Home

Student's name: _____ Grade: _____ Age: _____

My child has permission to walk/bike to and from school. _____
(Parent Signature and Date)

The Village of Brocton, Village of Portland, Summer Recreation, or Brocton Central School are not responsible for lost or damaged personal property. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Printed Name of Parent/Guardian: _____ Date: _____

Signature Name of Parent/Guardian: _____ Date: _____