SUMMER 2015 YOUTH REGISTRATION

Participant Name: **DOB:** **Age:** **Grade:** **Gender:**

Participant Name: **DOB:** **Age:** **Grade:** **Gender:**

Allergies/Medical Concerns:

Address: **City:** **State:** **Zip:**

Home Phone: **Email:**

Parent/Guardian1: **Parent/Guardian2:**

Work Phone: **Work Phone :**

Cell Phone: **Cell Phone:**

Other Emergency Name & Phone #

Program Name	Dates	Session	Level	Fee

As the parent of the above named child, I agree to indemnify the Town of Stow, it's employees and agents against any claims of bodily injury, death, or property damage which may arise in the course of the Rec. Department's performance of the recreational activities described herein not caused by the Town's negligence or that of its employees or agents. As parent or legal guardian of the above named child, I hereby give my consent for emergency medical care by a licensed Doctor of Medicine or Dentistry as may be warranted to preserve the well being of my child.

Parent Signature: _____Date: _____

CAMPS & CLINICS

EMERGENCY INFORMATION & HEALTH FORM

EACH PARTICIPANT MUST PROVIDE A RECORD OF THEIR MOST RECENT PHYSICAL EXAM AND IMMUNIZATIONS DATED WITHIN THE PAST 24 MONTHS. PLEASE BRING ALL FORMS THE FIRST DAY OF EACH NEW CAMP/CLINIC WEEK FOR ALL PROGRAMS. PLEASE HAND IN FORMS TO THE CAMP DIRECTOR THE FIRST DAY OF THE PROGRAM. IF YOU DO NOT HAVE THESE FORMS YOUR CHILD WILL NOT BE ALLOWED TO STAY PER BOARD OF HEALTH REGULATIONS.

105 CMR 430.000 - All camps must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local Town of Sudbury Board of Health. The Park and Recreation Department's first concern is the safety of the children who participate in our programs. Copies of background checks, health care and discipline policies, as well as procedures for filing grievances are available upon request from our vendors.

CHILD'S NAME _____
Last First Initial

CHILD'S DATE OF BIRTH _____ AGE _____ CURRENT GRADE _____ GENDER _____

ADDRESS _____ ZIP _____

HOME # _____ CELL # _____

MOTHER (OR GUARDIAN) _____ WK # _____ CELL # _____

FATHER (OR GUARDIAN) _____ WK # _____ CELL # _____

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EMERGENCY INFORMATION:

If a parent is not available, please notify:

NAME _____ Relationship to Child _____

ADDRESS _____ PHONE# _____

FAMILY PHYSICIAN _____ PHONE# _____

DENTIST / ORTHODONTIST _____ PHONE# _____

INSURANCE CARRIER _____ POLICY# _____

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HEALTH HISTORY:

Please fill out the information below. You MUST attach a copy of your child's immunizations and physical record to this form.

IMMUNIZATIONS: Measles/Mumps/Rubella _____

(Please list dates) DPT/TOPV _____

Tetanus _____

Tuberculin Test (most recent date & results) _____

PLEASE FILL OUT BOTH SIDES

HEALTH HISTORY CONTINUED:

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS THAT THE LEADERS NEED TO BE AWARE OF? IF YES PLEASE EXPLAIN.

_____

_____

_____

_____

_____

WHAT SPECIFIC ISSUES RELATING TO PARTICIPANT'S SOCIAL BEHAVIOR AND EDUCATIONAL DEVELOPMENT SHOULD LEADERS BE AWARE? INCLUDE FOOD ISSUES, FEARS, INTERESTS…ETC.

_____

_____

_____

_____

_____

DOES THIS CHILD HAVE ANY ALLERGIES? (Please specify)

_____

_____

_____

_____

DOES THIS CHILD HAVE ANY PROBLEMS REQUIRING SPECIAL ATTENTION? (Please specify)

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* * * * *

PERMISSION:

Parents please read and sign the Medical Consent and Release of Liability below to complete registration.

I, the undersigned parent/guardian of the individual named above, a minor, do hereby agree to allow the individual named herein to participate in the aforementioned activity and authorize the program directors and/or instructors as Agents for the undersigned to consent to Medical, Surgical and/or Dental Examination, in addition to any and all other Treatments that may be deemed necessary by medical personnel. It is understood that this activity involves an element of risk and a danger of accidents and knowing those risks I hereby assume those risks. In addition, I understand that by signing this agreement, I hereby release and discharge Recreation Department from any and all liability resulting in injury associated with participant's participation in this activity. I agree that pictures taken during program hours may be used for future promotional purposes. In the absence of a parent/guardian's signature below, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the release. Recreation dept. will not provide health and/or accident insurance for program participants. As the undersigned parent/guardian I understand that no confirmations will be mailed and no refunds will be given.

Further, this verifies that the participant is up to date with their immunizations and is able to participate in all activities.

Signature_____ Print Name_____ Date_____

. PLEASE BRING ALL FORMS THE FIRST DAY OF EACH NEW CAMP/CLINIC WEEK FOR ALL PROGRAMS. PLEASE HAND IN FORMS TO THE CAMP DIRECTOR THE FIRST DAY OF THE PROGRAM. IF YOU DO NOT HAVE THESE FORMS YOUR CHILD WILL NOT BE ALLOWED TO STAY PER BOARD OF HEALTH REGULATIONS.