

Shrewsbury Parks and Recreation

PARTICIPANT INFORMATION SHEET

PLEASE PRINT

Fill out one form per child

PLEASE Check which program attending:

Park Program Camp Dragonfly After care (park program only) Camp Brinkop Theater Camp
 Art Camp

Participants Name _____

Address _____ City _____ Zip _____

Date of Birth ___/___/___ Sex _____ Grade Entering _____ School Attending _____

Guardian _____ Phone:Home _____ Work _____ Cell _____

Guardian _____ Phone:Home _____ Work _____ Cell _____

E-mail address: _____

Please note, all letters, weekly newsletters and schedules will be sent via E-mail.

Emergency Contact - _____ Relationship _____ Phone _____
(Other than parent)

Emergency Contact - _____ Relationship _____ Phone _____
(Other than parent)

Emergency Contact - _____ Relationship _____ Phone _____
(Other than parent)

Doctor _____ Phone _____



Does person need assistance to participate? NO _____ YES _____ If yes, please explain.

Health History: (check all that apply to your child)

- | | |
|--|--|
| <input type="checkbox"/> asthma | <input type="checkbox"/> bee sting reaction |
| <input type="checkbox"/> diabetes | <input type="checkbox"/> hearing impairment |
| <input type="checkbox"/> allergies | <input type="checkbox"/> wears glasses |
| <input type="checkbox"/> heart disease | <input type="checkbox"/> wears contacts |
| <input type="checkbox"/> hemophilia | <input type="checkbox"/> nose bleeds |
| <input type="checkbox"/> seizures | <input type="checkbox"/> other-explain below |

Give details on items checked: _____

Additional Comments or Suggestions _____

PLEASE FILL OUT THE INFORMATION ON THE BACK OF THIS FORM.

Group request: If your child would like to be in the same group with another child/children list the name(s) here. Please note that every attempt will be made to honor this request. **LIMITED TO FOUR REQUESTS PER CAMPER, IN SOME CIRCUMSTANCES WE MAY BE UNABLE TO PLACE YOUR CHILD IN THE GROUP THEY REQUEST.**

1) _____ 2) _____ 3) _____ 4) _____

**PERSON'S AUTHORIZED TO PICK UP Participant
(OTHER THAN PARENTS LISTED ON REVERSE)**

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

4. _____ Phone _____

AUTHORIZATION TO WALK OR RIDE BIKE

I hereby give permission for _____ to walk ___ yes ___ no and/or ride his/her bike ___ yes ___ no to and from Shrewsbury Parks and Recreation Department 2016 summer programs.

FIELD TRIP PERMISSION RELEASE

I hereby give permission for _____ to attend all day camp field trips as part of Shrewsbury Parks and Recreation 2016 summer programs. **(PARK PROGRAM ONLY)**

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

In case of an accident or illness, if I (we) cannot be reached to make necessary arrangements, I (we) hereby authorize the Shrewsbury Parks and Recreation Department supervisor to contact the nearest hospital for emergency medical treatment.

PHOTO RELEASE

I hereby give my consent for the City of Shrewsbury to use my photograph and likeness to be used in its publications, including its website. I release them from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below.

Parent Signature: _____ Date: _____

RELEASE FOR PARTICIPANT BY PARENT

In consideration of your accepting either me or my child's entry, I hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the City and its representatives, successors, and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups.

I have read all of the above releases and agree with all of the above releases.

X _____
Signature of Parent/Guardian Date

PLEASE FILL OUT THIS FORM AT REGISTRATION