

**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)

Participants Name _____

Address _____ City _____ Zip _____

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

Guradian _____ 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)

- | | |
|-------------------|-------------------------|
| ___ asthma | ___ bee sting reaction |
| ___ diabetes | ___ hearing impairment |
| ___ allergies | ___ wears glasses |
| ___ heart disease | ___ wears contacts |
| ___ hemophilia | ___ nose bleeds |
| ___ seizures | ___ other-explain below |

Give details on items checked: _____

Additional Comments or Suggestions _____

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

Child's T-Shirt Size (please circle).

Youth Small (6-8)

Youth Medium (10-12)

Youth Large (14-16)

Adult Small

Adult Medium

Adult Large

Adult X-Large

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 2010 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 2010 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.

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