

DEPARTMENT USE ONLY

AGE: _____ M F

1 2 3 4 5 6 7 8 9 10

**SUMMER FUN CLUB
REGISTRATION FORM**

DATE: _____ CHILD'S NAME: _____ D.O.B.: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

CITY/ZIP CODE: _____ PHONE: _____

MOTHER'S NAME: _____ FATHER'S NAME: _____

MOTHER'S WORK PHONE: _____ FATHER'S WORK PHONE: _____

MOTHER'S WORK ADDRESS: _____

FATHER'S WORK ADDRESS: _____

In the event that I cannot be reached in an emergency, I hereby give my permission for my child to be transported to the nearest hospital, and for my physician to secure prompt treatment, to permit injection, anesthesia, and/or surgery for my child as named above. I also grant permission to the coach/leader to administer Children's Tylenol to my child if I cannot be reached.

PARENT/GUARDIAN: _____ DATE: _____

Emergency Phone: _____ Person to notify in case of emergency: _____

Child's Physician Phone: _____ Hospital Preference: _____

Is your child currently on any medication? _____ If yes, what? _____

Does your child have any allergies? _____ If yes, to what? _____

AUTHORIZATION TO RELEASE: The following are **the only individuals, other then the parents, authorized to pick up my child** should I now be able to do so. **Your child will not be released to anyone not on this or the emergency list.** These individuals will be required to show identification if they are not known or recognized by the Club staff. Names can be added to, or taken from, this list with your authorization only. **(If restraining orders are in place, please speak to the Recreation Director immediately)**

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

3. Name: _____ Relationship: _____ Phone: _____

4. Name: _____ Relationship: _____ Phone: _____

5. Name: _____ Relationship: _____ Phone: _____

6. Name: _____ Relationship: _____ Phone: _____

I hereby grant my child _____ permission to participate in the Ossipee Recreation Summer Fun Club. I also understand that the Club staff will not be held liable for any injuries my child may sustain while under their supervision.

Signature of Parent/Guardian: _____ Date: _____

Photo Policy: The Recreation Department reserves the right to photograph participants for publicity purposes. If you do not want your child's photograph used for any publicity, please speak to the Recreation Director.

Please complete other side

I would like to register my child: _____ for the 2010 Ossipee Recreation Department Summer Fun Club Program. I would like to register him/her for the following day's/weeks. I may register him/her for as many days/weeks as I choose.
3 DAY PER WEEK MINIMUM!

Please circle the day(s) and week(s) that you are registering your child

DATES, TRIPS, TRIP LOCATIONS, AND COSTS ARE SUBJECT TO CHANGE

Week 1: June 14 th – 18 th	Mon	Tues	Wed	Thurs	Fri	Week 6: July 19 th – 23 rd	Mon	Tues	Wed	Thurs	Fri
Week 2: June 21 st – 25 th	Mon	Tues	Wed	Thurs	Fri	Week 7: July 26 th – 30 th	Mon	Tues	Wed	Thurs	Fri
Week 3: June 28 th – July 2 nd	Mon	Tues	Wed	Thurs	Fri	Week 8: August 2 nd – 6 th	Mon	Tues	Wed	Thurs	Fri
Week 4: July 6 th – 9 th		Tues	Wed	Thurs	Fri	Week 9: August 9 th – 13 th	Mon	Tues	Wed	Thurs	Fri
Week 5: July 12 th – 16 th	Mon	Tues	Wed	Thurs	Fri	Week 10: August 16 th – 20 th	Mon	Tues	Wed	Thurs	Fri