

Town of Clinton
1215 Centre Road
Rhinebeck, NY 12572

Summer Recreation Program
REGISTRATION FORM/EVENT RELEASE: MINOR
DATE SUBMITTED: _____

Proof of residency and proof of age are required at the time of registration.
All participants must be grades K-5 for the 2018/2019 school year

Child's Name _____ Date of Birth _____ Sex: _____

Street Address _____ City, State, ZIP _____

Child's School _____ Grade in Fall 2015 _____

Parent's Name Cell Phone# Daytime Phone # Email Address

Emergency Contact _____ **Emergency Phone#** _____

Relationship to Child _____

Family Doctor _____ Doctor Phone# _____

Primary Medical Insurance Company: _____

Policy Number: _____

1) I/We, the parents of the above named child, hereby give my/our permission for his/her participation in the Town of Clinton Summer Recreation Program.

2) I/We acknowledge that there are inherent risks and opportunity for a child to be injured in normal activities of this program and assume all risks and hazards incidental to the conduct of the activities of this program.

3) I/We do further hereby agree to hold harmless the Town of Clinton, all of the elected and appointed officers, employees, counselors, volunteers and agents of the Town for any injury my/our child may suffer during this program.

4) I/We also agree to hold harmless any person transporting my/our child to and or from the activities of the program.

5) I/We, release from any responsibility, the Town of Clinton, the Program Director(s) and/or Counselors for the loss of any personal property including media/electronic devices, iPods, cell phones, games and toys.

6) I/We, authorize the Director of the Summer Recreation Program to contact my/our family doctor as listed above in the event that I/We or the alternate are not available. Further, I/We, authorize the Director of the Summer Recreation Program to transport my/our child to the doctor's office or nearest hospital, if necessary. I hereby accept responsibility for the payment of any emergency transportation or treatment on behalf of the participant.

7) I/We, do not know of any physical disability or impairment that would prevent my/our child from participating in any activities of this program. Please list all known physical or mental conditions, allergies or any medications currently being used by your child: _____

8) I/We, further agree that I/We will instruct our child to behave accordingly and listen to those adults or supervisors in charge, and obey all rules and regulations of the program as instructed, or my/our child upon notification may be asked to leave the program.

Please provide dates that you expect to miss camp during the week/weeks registered for: _____

Parents Signature _____ Date: _____

I will behave accordingly and listen to those adults in charge, and obey all rules and regulations stated.

Child's Signature _____ Date: _____