

Farmington Parks and Recreation

April Vacation Week 2008

GENERAL INFORMATION

Child's Name:	Date of Birth:	Age:	Grade Entering:
Contact Person 1/(<i>Mother- Parent/Guardian 1</i>)	Telephone: (H)	(W)	
Contact Person 2/(<i>Father- Parent/Guardian 2</i>)	Telephone: (H)	(W)	
Street Address:	City:	E-mail Address:	

EMERGENCY INFORMATION

Emergency Contact:	Relationship:
Address:	Telephone: (H) (W)

MEDICAL INFORMATION

Any medical conditions, allergies, etc:	Any medications:
Doctor's Name:	Telephone:
Dentist's Name:	Telephone:
<i>In the event your Doctor cannot be reached, we will take participants to Frisbee Memorial Hospital</i>	Which Hospital do you use:

INSURANCE INFORMATION

Insurance Provider:	Subscriber's Name:
Policy Number:	

RELEASE INFORMATION

People who are allowed to pick your child up:	Is there anyone who your child is familiar with that you DO NOT want your child being released to:	Is your child allowed to sign themselves out at the end of the day:
---	---	---

RELEASE WAIVER

I hereby give my permission for my child to participate in the Farmington Parks and Recreation Department, including all field trips and special events. I also give permission for my child to be treated by a medical professional in the event of an emergency. I hereby waive, release, and discharge the Farmington Parks and Recreation Department, the Town of Farmington, all Town Employees, and all volunteers from all liability that may arise from any injury to my child.

Parent's Signature _____ **Date** _____

Deposit Amt. _____ Date: _____ Cash _____ Check # _____ Balance _____

1/3/08