NOTTINGHAM RECREATION DEPARTMENT – PO BOX 114 – NOTTINGHAM, NH 03290

REGISTRATION/PARENTAL PERMISSION FORM

(Please complete a separate form for each participant.)

Program name **APRIL VACATION CAMP 2016** **MON 4/25 TUES 4/26 WED 4/27 THURS 4/28 FRI 4/29**
(CIRCLE ALL DAYS YOUR CHILD WILL BE ATTENDING)

Participant name_____Age_____Grade_____

Address_____Email_____

I/We_____and_____, parents of the above-named participant do
parent or legal guardian parent or legal guardian
hereby give permission for him/her to participate in the above-named Nottingham Recreation Department program. We/I acknowledge that we/I have reviewed the list of activities contemplated to be part of the program & give permission for our/my child to participate in these activities, with the following exceptions:_____
_____

Emergency Contact Information

Contact information (please provide a minimum of two numbers – ***at least*** the first number should be a parent/home):

1. Name_____ Work Phone _____ Cell Phone _____
(Parent)
2. Name_____ Work Phone _____ Cell Phone _____
3. Name_____ Work Phone _____ Cell Phone _____

Participant's date of birth _____ Date of last tetanus shot _____

Family doctor _____ Dr.'s phone number _____

Medical information (include *all* allergies and reactions, medications, and medical conditions) _____
_____
_____

Insurance (provider, group #, etc.) _____

Photo/Waiver/Emergency Release

The Nottingham Recreation Department _____ HAS _____ DOES NOT HAVE my permission to use any photo of my child taken during the above program on the Nottingham Recreation Facebook page and any other printed material.

While the Town of Nottingham agrees to make all reasonable efforts within its power to provide a safe and secure environment for children in the above-named program, the undersigned acknowledge that there remains some risk of personal injury in these activities, and therefore, the undersigned agrees to indemnify and hold harmless the Town of Nottingham, its agents, employees, and volunteers, from any and all liability, including claims by any person, along with demands, judgments, settlements, and costs, arising out of my child's participation in this program.

In case of an emergency and I/we cannot be reached by telephone, I authorize transport & treatment by qualified personnel.

Parent/guardian signature _____ Date _____

Parent/guardian signature _____ Date _____

Certification for Joint Offspring – JOINT CUSTODY ONLY

I hereby certify that as one of two joint custodians of my child, I have conferred with the other custodian, whose name is _____, to execute this form on his/her behalf as well as my own.

Parent/guardian signature_____Date_____

Office use only: Date received_____ Cash / Check (#_____) Amount_____

Notes: