

NAUGATUCK PARK & RECREATION SUMMER  
PROGRAMS 2013  
PLEASE PRINT CLEARLY

PROGRAM(S) SELECTED:

SESSION/DATE(S):

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

CHILD'S NAME: \_\_\_\_\_

GRADE IN FALL: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ PHONE#: \_\_\_\_\_

DAYTIME PHONE- BEST NUMBER TO USE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

T-SHIRT SIZE:

Y \_\_\_\_\_ YOUTH(S, M, L)      A \_\_\_\_\_ ADULT(S, M, L, XL, 1X)      NO SHIRT ORDERED \_\_\_\_\_

IF PARENT CANNOT BE REACHED, NAME OF TWO PEOPLE WHO HAVE PERMISSION TO PICK UP YOUR CHILD:

NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

PLEASE LIST ANYONE WHO DOES NOT HAVE PERMISSION TO PICK UP YOUR CHILD:

\_\_\_\_\_

IS YOUR CHILD ALLOWED TO LEAVE THE PARK ON HIS/HER OWN WHEN HE/SHE WOULD LIKE?

YES \_\_\_\_\_ NO \_\_\_\_\_

\*\*IF CHILD IS NOT ALLOWED TO LEAVE PROGRAM ON HIS/HER OWN, A REGISTERED ADULT MUST SIGN CHILD IN AND OUT OF PROGRAM\*\*

ALLERGIES/MEDICAL ISSUES - PLEASE INCLUDE ANY FOOD ALLERGIES:

\_\_\_\_\_  
\_\_\_\_\_

HEALTH INSURANCE: \_\_\_\_\_ INSURANCE#: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_ HOSPITAL: \_\_\_\_\_

IN CASE OF EMERGENCY, NOTIFY: \_\_\_\_\_ PHONE#: \_\_\_\_\_

OR NOTIFY: \_\_\_\_\_ PHONE#: \_\_\_\_\_

WILL YOUR CHILD BE TAKING ANY MEDICATIONS DURING PROGRAM HOURS? CHILD MUST BE ABLE TO SELF-MEDICATE OR PARENT MUST ADMINISTER MEDICATION TO CHILD. STAFF ARE NOT PERMITTED TO ADMINISTER MEDICATION TO YOUR CHILD.

\_\_\_\_\_

I AUTHORIZE ALL REPRESENTATIVES OF NAUGATUCK PARK AND RECREATION DEPARTMENT TO ACT IN MY BEHALF FOR THE PURPOSE OF OBTAINING EMERGENCY MEDICAL TREATMENT FOR REGISTRANT:

PARENT'S SIGNATURE: \_\_\_\_\_

WAIVER:

I UNDERSTAND THAT INJURIES ARE A POSSIBILITY AS A RESULT OF THIS ACTIVITY. I AGREE TO HOLD THE BOROUGH OF NAUGATUCK, NAUGATUCK PARK AND RECREATION OR ANYONE ASSOCIATED WITH THIS PROGRAM HARMLESS OF ANY RESPONSIBILITY OR LIABILITY FOR ANY INJURIES OR PROPERTY DAMAGE THAT MAY ARISE FROM PARTICIPATION IN THIS PROGRAM. I ALSO UNDERSTAND THAT MY OWN MEDICAL AND/OR DISABILITY INSURANCE WILL BE USED IN THE EVENT OF ANY INJURY OR I WILL DIRECTLY BE RESPONSIBLE FOR MY OWN MEDICAL COST AND HEREBY GIVE PERMISSION FOR EMERGENCY TRANSPORTATION AND/OR TREATMENT IN THE EVENT OF ILLNESS OR INJURY. I HEREBY ACCEPT RESPONSIBILITY FOR THE PAYMENT OF ANY EMERGENCY TRANSPORTATION AND/OR TREATMENT.

SIGNATURE: \_\_\_\_\_

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FOR OFFICE USE ONLY:

BULLY FORM RET'D \_\_\_\_\_ RULE FORM RET'D \_\_\_\_\_ FIELD TRIP FORM RET'D \_\_\_\_\_

FEE PD. Ca \_\_\_\_\_ Ck \_\_\_\_\_ F. AID \_\_\_\_\_