

# NORTH HAMPTON RECREATION SUMMER REC CAMP REGISTRATION FORM

I am registering for Little Nippers: Session I \_\_\_\_ Session II \_\_\_\_

## Adult or Responsible Party Information

Father's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Dad's Cell/Pager \_\_\_\_\_ Mom's Cell/Pager \_\_\_\_\_

Email's: \_\_\_\_\_

## Person to contact in case of emergency other than parent:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell /Pager \_\_\_\_\_

### Participant #1

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M / F \_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Grade attending in Fall \_\_\_\_\_ School \_\_\_\_\_

Please list any physical limitations/restrictions that may better service the participant \_\_\_\_\_

Does your child have a serious reaction to BEE STINGS? YES \_\_\_\_ NO \_\_\_\_ Does child have EPI pen? YES \_\_\_\_ NO \_\_\_\_

CAMP T-SHIRT YOUTH SIZES: SMALL \_\_\_\_ MEDIUM \_\_\_\_ LARGE \_\_\_\_ X-LARGE \_\_\_\_

### Participant #2

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M / F \_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Grade attending in Fall \_\_\_\_\_ School \_\_\_\_\_

Please list any physical limitations/restrictions that may better service the participant \_\_\_\_\_

Does your child have a serious reaction to BEE STINGS? YES \_\_\_\_ NO \_\_\_\_ Does child have EPI pen? YES \_\_\_\_ NO \_\_\_\_

CAMP T-SHIRT YOUTH SIZES: SMALL \_\_\_\_ MEDIUM \_\_\_\_ LARGE \_\_\_\_ X-LARGE \_\_\_\_

### Participant #3

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M / F \_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Grade attending in Fall \_\_\_\_\_ School \_\_\_\_\_

Please list any physical limitations/restrictions that may better service the participant \_\_\_\_\_

Does your child have a serious reaction to BEE STINGS? YES \_\_\_\_ NO \_\_\_\_ Does child have EPI pen? YES \_\_\_\_ NO \_\_\_\_

CAMP T-SHIRT YOUTH SIZES: SMALL \_\_\_\_ MEDIUM \_\_\_\_ LARGE \_\_\_\_ X-LARGE \_\_\_\_

Is there any other medically related information our staff should know about your child so that he/she can safely participate in the Summer Recreation Program? \_\_\_\_\_

Do you give permission for your child's photo to be shared on the Recreation Department's web site or newspaper? YES NO

DESIGNATE those adults who have your permission to pick up your child from Summer Rec.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

## **PARENTAL PERMISSION AND WAIVER FOR CHILDREN – UNSIGNED WAIVERS WILL BE REJECTED**

My son/daughter, as registered above, has my permission to participate in the above named program. I further release, absolve, indemnify and hold harmless the North Hampton Recreation Department staff, and the town of North Hampton, in the event of injury to my son/daughter. In the event of an emergency requiring medical attention, I authorize that necessary medical attention be given to my child by a qualified physician in the event I cannot be reached.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_