

NORTH HAMPTON RECREATION SUMMER REC CAMP LITTLE NIPPER 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 _____

Father's Address _____ City _____ State _____ Zip Code _____

Mothers' Address (If different) _____ City _____ State _____ Zip Code _____

Home Phone _____ Dad's Cell/Pager _____ Mom's Cell/Pager _____

Parent's 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 ____

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 _____