

TENNIS BASKETBALL FISHING CAMP GYMNASTICS
BATON TWIRLING AEROBICS BABYSITTING
(Please circle activity)

REGISTRATION FOR WAPPINGER RECREATION SPORT PROGRAMS

I give my son/daughter or myself _____ Age _____
Name

permission to attend and participate in activities under the sponsorship of the Town of Wappinger Recreation Committee. I agree that the Town will not be held responsible for injuries that may occur during his/her or my stay. The person enrolled herewith is in good health and has no medical problems which affect his/her or my ability to safely participate in your programs. In the event I cannot be reached in an emergency, I authorize the Town of Wappinger to attend to any health problems or injury which might occur while attending or participating in Town activities. It is my responsibility to provide transportation to and from the point of departure.

MEDICAL INFORMATION

PLEASE PRINT

Significant past illness (other than childhood diseases) or injury: _____

Please check if applicable, and not limitations

_____ Serious allergies _____

_____ Convulsions _____

_____ Asthma _____

_____ Presently on Medication _____

_____ Other _____

Comments: _____

HOME ADDRESS: _____ PHONE: _____

Relationship _____ CELL PHONE _____

****PLEASE DESIGNATE TWO ADDITIONAL PEOPLE TO BE REACHED IN CASE OF EMERGENCY**

NAME _____ PHONE _____ CELL PHONE _____

NAME _____ PHONE _____ CELL PHONE _____

FAMILY PHYSICIAN: _____ PHONE _____

****There will be no make up dates or refunds for weather related cancellations in any of our programs****

Parent/Guardian Signature

Date

SESSION: _____ **TIME:** _____

For Office Use Only (Please check one): Payment Cash Check

**TOWN OF WAPPINGER
CAMP REGISTRATION PARENT/GUARDIAN CONSENT FORM**

I hereby give my permission to allow my son/daughter _____ to participate in and attend _____ sponsored by the Town of Wappinger Recreation Department.

I acknowledge the risk of illness and injury inherent in participating in any recreational activities, including, but not limited to, sports, exercise, fitness or aerobics programs, swimming and summer camp programs and related transportation activities. I hereby allow my child to participate in said program upon the express agreement and understanding that I, as parent and/or natural guardian of said child, hereby waive and release, for myself, and/or my heirs, executors and administrators, any claims for damages I may have against the Town of Wappinger, or the Town of Wappinger Recreation Department, its agents, employees or designees acting on behalf of the Town of Wappinger, for any and all injuries suffered by my child in the regular and ordinary course of my child's participation in such program.

I understand that the Town of Wappinger does not provide accidental medical coverage insurance and I agree to provide my own medical insurance coverage or pay for such costs in the event of injury resulting from participation in such activities.

I hereby give permission to the Town of Wappinger Recreation Department or its agents, employees, or duly designated agent(s) to administer emergency medical care to my child in my absence in the event of injury.

Child's Medical Information: _____

Parent/Guardian

Signature _____

Date: _____

Address: _____

Emergency Phone Number: _____

Circle Appropriate Box: .

I [do] [do not] give my permission to allow any photographs taken of my child's participation in said program to be used in informational literature about the Town of Wappinger Recreation Department.

Parent/Guardian

Signature: _____

Date: _____