

General Form



PARTICIPANT INFORMATION

Participant's **FIRST** Name _____ **LAST** Name _____ Male / Female

Date of Birth _____ / _____ / _____ Current Age _____

Address _____ Town _____ Zip Code _____

Home Phone _____ Email Address _____

Guardian 1 Name: _____ Cell Phone _____ Work Phone _____

Guardian 2 Name: _____ Cell Phone _____ Work Phone _____

Emergency Contact Information: *please provide an additional contact (not residing with you) that we can contact in case a parent/guardian cannot be reached.*

Name _____ Relationship to Child _____

Home Phone _____ Cell Phone _____ Work Phone _____

PICK-UP AUTHORIZATION

I hereby authorize the following person (s) to pick up the above named participant from Canton Parks and Recreation Beyond the Bell Program. If there are any changes in these arrangements, I will give written notice. **Parents/Guardians must be included on this release.** I understand that my child will only be released to the people listed below, provided they produce an ID and sign out.

1. Parent/Guardian Name (s) _____ , _____

2. Name _____ Phone(_____) _____ Relationship _____ Age _____

3. Name _____ Phone(_____) _____ Relationship _____ Age _____

4. Name _____ Phone(_____) _____ Relationship _____ Age _____

Guardian signature acknowledging pick-up procedures _____

HEALTH ASSESSMENT

Please indicate Yes or No to all that apply to your child:

Wears glasses/ contacts _____ Has ear tubes _____ Is hearing impaired _____ Has frequent nosebleeds _____

Has recurrent headaches _____ Has asthma _____ Has seizures _____ Has epilepsy _____

Are there any foods your child can not eat? _____

List any known allergies (food, medication, bee sting, etc) _____

If you answered Yes to any of the above please give any details here. If there are any other additional conditions or medical issues you think program staff need to be aware of in order to ensure your child's safety please indicate that here as well.

PHOTOGRAPGHY & VIDEOTAPING POLICY

Throughout the programs Parks and Recreation staff may be taking pictures/video to be used for promotional purposes. These images/videos may appear in future program brochures, flyers, e-mail blasts, and on the Town's Facebook Page.

If you **DO NOT** wish to have your child photographed/videotaped please indicate that here _____