

# 2016 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 Camp. 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.

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## **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 \_\_\_\_\_