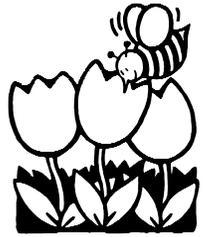


**TOWN OF BRATTLEBORO
RECREATION & PARKS DEPARTMENT**



SUMMER PROGRAM REGISTRATION

Program: _____ **Session:** _____

Participants Name: _____ **Age:** _____ **Grade:** _____ **Gender:** _____

Address: _____

Phone: _____ **E-Mail:** _____

Guardian Name: _____ **Work #:** _____ **Cell:** _____

Guardian Name: _____ **Work #:** _____ **Cell:** _____

IN CASE OF EMERGENCY:

Name: _____ **Relationship:** _____

Home Phone: _____ **Other Phone:** _____

Participant's Insurance Company: _____ **Policy #:** _____

Physician's Name: _____ **Phone:** _____

Please list any serious medical conditions: _____

Allergies: _____

Medications: _____

Other: _____

I hereby give my permission for (participants name): _____
to participant in _____. Further, I authorize the Recreation & Parks Department Staff to provide
emergency treatment to any injury or illness my child may experience, if qualified medical personnel consider treatment nec-
essary, and perform the treatment. This authorization is granted only if I cannot be reached, and a reasonable effort has been
made to do so, or in a life threatening situation.

I give permission for the staff to administer suntan lotion and bug spray to my child as needed. I also give
permission for photographs of my child to be taken while participating in summer activities for publicity purposes,
(example-newspaper articles).

My child and I are aware that participating in _____ can be potentially hazardous. I assume all risks
associated with this program, including, but not limited to falls, contact with other participants, the effects of the weather, traf-
fic, and other reasonable risk conditions associated with the program. All such risks to my child are known and
appreciated by me. I understand this informed consent form, and agree to its conditions on behalf of my child.

GUARDIAN SIGNATURE: _____ **DATE:** _____

Please list other people authorized to pick up your child:

Would you like your child to receive the Free Food Service Program? _____