

BRATTLEBORO RECREATION & PARKS DEPARTMENT YOUTH PROGRAM REGISTRATION

PROGRAM: _____

Participant: _____ Male: _____ Female: _____
Address: _____ Grade: _____ Age: _____
Date of Birth: _____
Parent's Name: _____ Home Phone: _____
E-mail Address: _____ Work Phone: _____
(We will never, sell, rent, or otherwise provide your e-mail address to any other party.)

Name of Emergency Contact (other than parent): _____
Emergency Phone #: _____ (in case of an accident)
Participant's Insurance Co: _____ Policy #: _____
Physician's Name: _____ Phone #: _____

MEDICAL INFORMATION

*Any Allergies? _____ *Allergic to drugs? _____
*Does participant suffer from: Asthma _____ Diabetes _____ Epilepsy _____
*Is participant on medication? _____ If so, what? _____
*Is there any additional information we should know? _____

I hereby give my permission for (child's name) _____ to participate in (name of program) _____.

Further, I authorize the Brattleboro Recreation & Parks Department to provide emergency treatment of any injury or illness my child may experience, if qualified medical personnel consider treatment necessary, 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 a life threatening situation.

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

I give permission for photographs of my child to be taken while participating in this activity to be used for publicity and advertisement purposes.

Parent's Signature: _____ **Date:** _____

Comments? _____