

SUMMER RECREATION PROGRAM

SUMMER PROGRAM APPLICATION & CONSENT FOR MEDICAL TREATMENT
CEROW RECREATION PARK ARENA TOWN OF CLAYTON

CHILD'S NAME: _____ DOB: _____ AGE: _____

TOWNSHIP: _____ (MUST BE A TOWN OF CLAYTON RESIDENT TO BE ELIGIBLE)

Address: Street: _____ City: _____ Zip: _____

Email address: _____

Contact Information (must have at least two contacts) :

Phone Contact Priority #1 _____ Phone Contact #2 _____

Relationship to child _____ Relationship to child _____

Medical info:

Insurance # and Carrier: _____

Physician: _____ Phone #: _____

Allergies: _____

Medication list: _____

Restricted activities: _____

AGREEMENT:

I give my child permission to participate in the Summer Program at the Cerow Recreation Park. I am aware of the risks involved with the program and agree that the Town of Clayton and all employees will not be held responsible or liable for any injuries that my child may incur. I agree to be responsible for all medical cost of this child while in the care of the Town of Clayton Day Camp.

Consent:

I hereby consent that my child can take part in all activities as designated by the employees of the Summer Program. I also hereby consent that in the case of an emergency Summer Program employees are able to obtain required medical care.

Parent's Signature: _____ Date: _____

Print Name: _____

