

Poland Summer Rec Camp Enrollment Form

<u>Child's Name</u>	<u>Age</u>	<u>DOB</u>	<u>Days of Attendance</u>	<u>Hrs each day</u>	
				AM	PM
_____	_____	_____	M T W TH F		
_____	_____	_____	M T W TH F		
_____	_____	_____	M T W TH F		

Volunteers will guarantee the success of this program. May we call you to help with special field trips and/or assistance with special projects? ___ Yes (pending availability) ___ No

Parents/Guardians

Primary email address: _____

Name _____ Address _____ Phone _____

Employer _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Employer _____ Address _____ Phone _____

**** Please notify the staff if anyone other than who is listed above will be picking up your child(ren) at any time.

Emergency Information

Please list the names of two persons who may be contacted if parents or guardians are unavailable.

Name _____ **Relationship** _____ **Phone** _____

Name _____ **Relationship** _____ **Phone** _____

Registration Fee

*** \$50.00 (non refundable) per child must accompany this registration form.

Make check payable to: POLAND RECREATION DEPT
1231 MAINE ST.
Poland, ME 04274

I, the parent/guardian of the above mentioned participant(s) hereby give my approval to his/her participation in this program. I hereby release, absolve, indemnify and hold harmless the town of Poland and its staff. In case of injury to the participant, or myself as a volunteer, I hereby waive all claims against the afore-mentioned parties. I realize that the parent/guardian is responsible for providing insurance covering the injury for the participant. In case of the need for emergency medical treatment, I hereby give permission for such treatment to be given in the case I cannot be reached. I have read and will adhere to the policies and procedures of the Poland Recreation Department.

Signature of Parent/Guardian

Date

MEDICAL INFORMATION

Name and address of family physician _____

Phone: _____

Preferred Hospital: _____

Name address and phone number of family dentist _____

Phone: _____

I hereby give my consent, in the event of a medical emergency when I cannot be contacted, for the Poland Recreation Camp Staff to obtain whatever treatment may be deemed necessary for _____ (D/O/B).

This authorization includes my consent for the above-named child to receive treatment by a physician in any hospital emergency department.

I hereby give my authorization, for emergency medical treatment as outlined above.

Known Allergies: _____

Know Medical problems: _____

Last Tetanus Shot: _____

Parent/Guardian signature _____

I give permission for Poland Summer Recreation Camp Staff to take my child(ren) on field trips (bus or walking)

Parent/Guardian signature _____

I give permission for Poland Summer Recreation Camp Staff to apply sunscreen to my child(ren) if needed

Parent/Guardian signature _____

I give permission for Poland Summer Recreation Camp Staff to apply insect repellent to my child(ren) if needed.

Parent/Guardian signature _____

*Please attach written information pertaining to any special circumstances regarding your child that might assist us in supporting your child during the program.