



Summer PLAYGROUND Registration Form



Please complete one Registration Form per child.

Camper Registration

Camper Name _____

Gender M F Entering Grade _____ Age _____ Date of Birth ____/____/____

Address _____ Zip _____

Favorite Topics/Additional Notes

Are there any medical or developmental conditions requiring attention while at camp

Immunizations (month & year) and medical information

MMR ____/____ Hep B ____/____ DPT ____/____ Chicken Pox/Varicella ____/____ HIB ____/____

Insurance Plan _____ Doctor _____ Phone _____

Allergic to _____ Medication _____

Parent/Guardian Information

Parent/Guardian 1

Parent/Guardian 2

Name _____

Name _____

Relation to Camper _____

Relation to Camper _____

Address _____

Address _____

Daytime Phone _____

Daytime Phone _____

Other Phone _____

Other Phone _____

Able to Pick Up? YES NO

Able to Pick Up? YES NO

Authorized Pick Up & Emergency Contact Information (will be asked to show picture ID at pick up)

Name _____ Relationship _____ Daytime Phone _____

Name _____ Relationship _____ Daytime Phone _____

Playground Site:

Iroquois (#3925) Rogers (#3926) Helendale (#3927) Ivan Green (#3928) Durand Eastman (#3929)

Reg. # _____ Reg. # _____ Reg. # _____ Reg. # _____

Reg. # _____ Reg. # _____ Reg. # _____ Reg. # _____

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I hereby release the Irondequoit Bureau of recreation and any of its staff from any responsibility or liability in connection with this activity and I assume all risks of this activity. I certify that my child is in good physical health and has no limitations, exceptions or medications other than those I have listed which predispose my child to risk during this program. I give permission to licensed physician or other hospital staff members to carry out emergency medical care deemed necessary to my child when normal permission is unavailable. I have read and fully understand the bureau's regulations and refund policy. The Town of Irondequoit does not provide accident insurance coverage. Upon advanced request, provisions will be made for any individual with disabilities as defined in the American Disabilities Act. The town also reserves the right to suspend the child from a program for inappropriate behavior and/or for safety reasons. I have read and fully understand the Bureau of Recreation's policy.

Signature of Parent/Guardian _____ Date _____