mm/dd/yy _____

Camp General Form

PARTICIPANT INFORMATION				
Participant's FIRST NameLAST Name				Male / Female
Date of Birth/	/Current Age			
	Town			
	Email Address			
	Cell Phone			
	Cell Phone_			
Emergency Contact Information: please provide an additional contact (not residing with yo				
NameRelationship to Child				
			Work Phone	
	PICK-UI	PAUTHORIZAT	TON	
there are any changes in thes understand that my child will of the sunderstand the sunderstand that my child will of the sunderstand the	only be released to the peopPhone(Phone(le listed below, provide , , , , , , ,	ed they produce an ID and siRelationship Relationship	gn out. Age Age
	SECURITY QUI	ESTIONS AND	ANSWERS	
Security Questions and Answers need to be answered in the event a Photo ID is not provided from the Pick-Up Authorized L 1. Question: Answer: Answer:				
	HEAL	TH ASSESMEN	T	
	Please indicate Yes o	r No to all that apply	to your child:	
Vears glasses/ contacts				
las recurrent headaches			Has epilepsy	<u> </u>
re there any foods your child o				
ist any known allergies (food, medication, bee sting, etc) you answered Yes to any of the above please give any details here. If there are any other additional conditions or medical issues				
you answered Yes to any of to ou think program staff need to				

PHOTOGRAPGHY & VIDEOTAPING POLICY

Throughout the programs Parks and Recreation staff may be taking pictures/video to be used for promotional purposes. These images/videos may appear in future program brochures, flyers, e-mail blasts, and on the Town's Facebook Page.

If you **DO NOT** wish to have your child photographed/videotaped please indicate that here ______