mm	/dd/vv	

Summer Camp General Form

PΔ	RTIC	PA	NT	INFO	RM	ΔΤΙ	ON
, ,	,,,,,	<i>JII</i>	, , ,	IIII		~''	

Participant's FIRST Name	LAST Name		Male / Female					
Date of Birth/	/Current Age							
Address	Town	Zip Code	Zip Code					
Home Phone	Email Address							
Guardian 1 Name:	Cell Phone	Work Phone						
Guardian 2 Name:	Cell Phone	Work Phone						
Emergency Contact Information: please provide an additional contact (not residing with you) that we can contact in case a parent/guardian cannot be reached.								
Name	ameRelationship to Child							
		Cell Phone Work Phone						
PICK-UP AUTHORIZA	ATION							
there are any changes in these	arrangements, I will give written no	med participant from Canton Parks and l tice. <i>Parents/Guardians must be incl</i> pelow, provided they produce an ID and	uded on this release.					
	Phone()		Age					
		Relationship						
		Relationship	=					
Guardian signature acknowledg	ging pick-up procedures							
HEALTH ASSESSMEI	V <i>T</i>							
	Please indicate Yes or No to	all that apply to your child:						
Wears glasses/ contacts	Has ear tubes Is hear	ing impairedHas frequent noseb	leeds					
Has recurrent headaches	Has asthma Has sei	zures Has epilepsy						
Are there any foods your child can not eat?								
List any known allergies (food, medication, bee sting, etc)								
If you answered Yes to any of the	ne above please give any details he	re. If there are any other additional cond	itions or medical issues					
you think program staff need to	be aware of in order to ensure your	child's safety please indicate that here a	as well.					

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 ______