

Shelter Island Recreation
Recreational Afterschool Program

2017-2018

Registration Form

Child's Name _____ Age _____

Birthdate ____/____/____ Grade _____

Parent/Guardian Names _____

Address _____ Zip Code _____

Primary Phone _____ Secondary Phone _____

Work Phone _____

Email Address _____

Emergency Contact _____ Phone _____

Doctor's Name _____ Phone _____

Dentist's Name _____ Phone _____

Additional Information

AGREEMENTS:

In case of accident or injury, I authorize any and all emergency medical, dental and/or surgical care and hospitalization advised by the physicians, surgeon or hospital necessary for the proper health and wellbeing of any child.

I HEARBY UNCONDITIONALLY RELATES THE Town of Shelter Island Recreation department from any and all responsibility or liability for any injuries which may be sustained by me or my minor child(ren) in relation to participation in any of the Shelter Island Recreation programs or activities with the Recreation Department. I acknowledge that neither I nor my child(ren) suffer from any physical impairments and have no limitations upon engaging in activities with the Recreation Department. I unconditionally release the Town of Shelter Island and its agents or employees from any and all liability for injuries and understand and acknowledge that the Town of Shelter Island Recreation Department carries no liability or accident insurance. In the event that my child(ren) is injured, I authorize the party or person in charge of my child(ren)'s activities to seek medical care. I acknowledge and understand that I will be solely responsible to pay the cost of such care. And I further release and hold harmless the Town of Shelter Island and its Recreation Department for any medical arrangements or care provided me or my minor child(ren).

SIGNATURE REQUIRED: _____ DATE: _____

SIGNATURE OF ADULT PARTICIPANT, PARENT OR GUARDIAN

Please check this box if you DO NOT want your or your child's photo to be used

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Emergency Contact Form

Please complete the following information before your child participates in this program. In addition, please send us a note if anyone other than those indicated below will be picking up your child. Prompt pick-up is expected. Please sign your child out when picking them up.

Child's Name _____ Phone _____
Parent Name _____ Day Phone _____
Parent Name _____ Day Phone _____

Others who may be contacted in case of emergency:

Name (relationship) _____ Day Phone _____
Name (relationship) _____ Day Phone _____
Name (relationship) _____ Day Phone _____

Others who are authorized to pick up your child:

Name (relationship) _____ Day Phone _____
Name (relationship) _____ Day Phone _____
Name (relationship) _____ Day Phone _____

Please share with us any medical concerns or medical information about your child:

If you have a child with special needs, please complete the attached Individual Health Care Plan so we can better serve your child.

Parent/Guardian Signature _____ Date _____