

**TOWN OF CORNWALL SUMMER PLAYGROUND
REGISTRATION FORM 2016**

**SESSION 1__ 2__ 3__
9-1__ 9-4__**

CHILD'S NAME: _____ DATE OF BIRTH: _____ AGE: _____
FIRST MI LAST

ADDRESS: _____
STREET TOWN ZIP

TELEPHONE #: _____ GRADE ENTERING IN SEPT. _____

HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____

ANY DISTINGUISHING MARKS/CHARACTERISTICS: _____

PARENT/GUARDIAN NAME: _____ #: _____
DAYTIME TELEPHONE

E-MAIL ADDRESS _____

PERSON TO CONTACT IN ANY EMERGENCY: _____

DAYTIME TELEPHONE # _____ RELATION TO CHILD
IF YOU CANNOT BE REACHED

CHILD'S MEDICAL HISTORY: PLEASE CHECK ONE OF THE FOLLOWING:

_____ MY CHILD HAS NO KNOWN MEDICAL CONDITION THAT THE CAMP DIRECTOR AND CAMP MEDICAL STAFF SHOULD BE ADVISED OF.

IF SO~~MY CHILD HAS ONE OR MORE MEDICAL CONDITIONS THAT THE CAMP DIRECTOR AND CAMP MEDICAL STAFF SHOULD BE ADVISED OF. ****PLEASE FILL OUT THE MEDICAL QUESTIONAIRE****

HOW WILL YOUR CHILD BE TRANSPORTED TO CAMP? PLEASE CIRCLE ANY THAT APPLY:

WALKING BIKE DRIVEN BY PARENT/GUARDIAN CAR POOL

MY CHILD HAS MY PERMISSION TO WALK WITH THE CAMP GROUP TO THE TOWN POOL ON TUESDAYS AND THURSDAYS DURING SUMMER PLAYGROUND.

DATE _____ SIGNATURE OF PARENT/GUARDIAN _____

I, _____, THE PARENT/GUARDIAN OF THE ABOVE NAMED CHILD, GIVE MY APPROVAL TO HIS/HER PARTICIPATION IN ALL TOWN OF CORNWALL SUMMER RECREATION PLAYGROUND ACTIVITIES. I GUARANTEE THAT THE ABOVE STATED INFORMATION IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND THAT ANY FEES PAID TO THE CAMP FOR REGISTRATION, AS WELL AS ANY FEES PAID FOR TRIPS, ARE NON-REFUNDABLE. (IF TRIPS ARE CANCELLED AND NOT RESCHEDULED, THE FEES ARE REFUNDABLE.)

CAMP T-SHIRT SIZES: CIRCLE ONE
CHILD SIZES: SMALL MEDIUM LARGE X-LARGE
ADULT SIZES: SMALL MEDIUM LARGE X-LARGE

DATE _____ SIGNATURE OF PARENT/GUARDIAN _____
CASH CREDIT CHECK# _____ AMOUNT PAID _____