

BRANT SUMMER RECREATION

CAMPER INFORMATION

Camper's Name: _____

Street Address: _____

Phone Number: _____ Work Phone #: _____

Age: _____ Date of Birth: _____ Grade Entering in Fall: _____

Name of Parents/Guardians: _____

AUTHORIZATION

My child has permission for: Authorized Field Trip
 Supervised Water Activities & Sport Activities
 Administration of Emergency First Aid

Parent/Guardian Signature: _____

EMERGENCY INFORMATION

Name of Emergency Contact: _____ Phone #: _____

Family Doctor: _____ Phone #: _____

Insurance Company and ID number: _____

Hospital (in case of emergency): _____

Please list any allergies or medical/health conditions that your child has: _____

Additional information about your child that will be beneficial to the Recreation Staff:

I, _____ Parent/Guardian of _____ do hereby give my total consent for the Town of Brant Recreation personnel to authorize medical care for my child. It is understood that the Recreation Staff will attempt to secure my consent prior to exercising this authority, as circumstances will follow.

I do hold harmless and indemnify the Town of Brant, their employees and agents, for any damage or liability incurred for any event following the application of emergency medical care.

Signature: _____ Date: _____

Relationship to Camper: _____

ALL CAMPERS MUST HAVE A COPY OF THEIR IMMUNIZATION RECORDS TO PARTICIPATE IN THE TOWN OF BRANT RECREATION PROGRAM.