



**Summer Day Program Child Information & Waiver Form**

(Please check which program your child is attending)

- |   |   |
|---|---|
| <input type="checkbox"/> Boys Lacrosse  | <input type="checkbox"/> Junior Police Academy  |
| <input type="checkbox"/> Field Hockey   | <input type="checkbox"/> Junior Rebels Football |
| <input type="checkbox"/> Girls Lacrosse | <input type="checkbox"/> Summer Tennis          |

Child's Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Entering in Fall 2019: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Parent/Guardian Information:**

Parent/Guardian Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Work Number: \_\_\_\_\_

**Emergency Contact Information:**

Emergency Contact Name: \_\_\_\_\_  
(Person OTHER than Parent/Guardian)

Relationship to Child: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Number: \_\_\_\_\_

I give my permission for my child to be picked up by this emergency contact

**Medical Information:**

**Insurance:**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Is child covered by insurance?  Yes  No

Insurance Company: \_\_\_\_\_ Policy/Group Number: \_\_\_\_\_

Primary Doctor: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

**Allergies:**

My Child  DOES  DOES NOT have ALLERGIES.

Child is Allergic to (please include all foods, medications, insects and reaction/teatment to each):

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Will your child bring an EPI-Pen to the Clinic? Yes  No

a. If so, so you give permission to Clinic staff to administer the EPI-Pen if needed to your child? Yes  No

b. If so, do you give approval for your child to self-administer the EPI-Pen?  Yes  No

Will your child bring an inhaler to the Clinic? Yes  No

a. If so, do you give approval for your child to carry and self-administer the inhaler?  Yes  No

Does your child require insulin injections?  Yes  No

**Consent & Releases**

FIRST AID: I give the Walpole Recreation Department and the Summer Day Program permission to administer basic first aid and/or CPR to my child and/or take my child to the hospital or call 911 to secure medical treatment when I cannot be reached or when delay would be dangerous to my child's health. If parent/guardian cannot be reached, I give the Walpole Recreation Department permission to contact the emergency contacts above.

\_\_\_\_\_  
Initial

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PHOTOS: I give the Walpole Recreation Department permission to photograph my child for public relations and/or marketing purposes.

\_\_\_\_\_  
Initial

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**WAIVER OF LIABILITY, WARNING & ACKNOWLEDGMENT OF RISK:**

Licensed camps in Massachusetts are required to meet regulatory standards established by the MA Department of Public Health. Although the Recreation Department strives to meet many of these standards for all of its programs, the following programs are not advertised, nor promoted as camps.

- |                |                       |                        |
|----------------|-----------------------|------------------------|
| Boys Lacrosse  | Field Hockey          | Junior Rebels Football |
| Girls Lacrosse | Junior Police Academy | Summer Tennis          |

I \_\_\_\_\_, as a parent or legal guardian of \_\_\_\_\_, hereby grant the permission necessary to allow him/her to participate in a Summer Day Program coordinated by the Walpole Recreation Department and the Town of Walpole. I, on my own behalf and on behalf of my son/daughter, further agree to release and to hold harmless the Walpole Recreation Department, the Town of Walpole, representatives, employees, contractors, and all other affiliates of the Walpole Recreation Department, and the Town of Walpole from any and all liability from any claim, judgement, costs (including, without limitations, attorney's fees and costs) arising out of or connected with any situation at a Walpole Recreation Department Summer Day Program, including illness or injury (minimal, serious, catastrophic and/or death) my child may incur or sustain during their time at the Walpole Recreation Department Summer Day Program and during all activities they partake in.

\_\_\_\_\_  
X Parent/Guardian Signature

\_\_\_\_\_  
X Date