

Vernon Parks and Recreation Department
January 21, 2013 Vacation Camp Form
(deadline to register = Thursday, January 17, 2013)

Participant's name: _____

date of birth: _____ age: _____ gender: M F

Are there any allergies or special needs we should be aware of? _____

Parent/Guardian's name: _____ date of birth: _____

home address: _____ home phone # _____

work phone # _____

e-mail address: _____ cell phone # _____

Emergency contacts:

1. _____ phone # _____

2. _____ phone # _____

These are the people I authorize to pick up my child:

1. _____ 2. _____

3. _____ 4. _____

Is there anyone who is absolutely **NOT** allowed to pick up your child? YES NO

If yes, please list name(s) and a brief description: _____

The undersigned parent or guardian does grant permission to the named individual to participate in the Vernon Parks and Recreation Department's Vacation Camp Program. The undersigned does and hereby waive, absolve, indemnify and agree to hold harmless the Town of Vernon, the Parks and Recreation Department and all other sponsors and supervisors of the above said program. As a parent/guardian of the above participant, I realize there are inherent risks involved in physical activity.

Signature of parent/guardian

date