Lafayette Recreation Registration Form

Check *www.LafayetteRecreation.weebly.com* for schedules & information

All checks made payable to **"Town of Franconia"**

Participant's Name: _____

Date of birth: _____ Gender: ____ **Entering** Grade: _____

Physical Address: _____ Town: _____

Mother's Name: _____ Place of work: _____

Mother's email: _____ Cell phone: _____

Father's Name: _____ Place of work: _____

Father's email: _____ Cell phone: _____

Person to contact if neither parent can be reached: _____ Phone #: _____

Allergies, disabilities or illness that would affect "normal" participation: _____
Explain:

_____

_____

Please list all individuals allowed to pick up my child (*For safety reasons, we will ID people until we get to know them. We will not permit your child to leave camp with anyone that is not listed here or without previous notice.)*

Name **Relationship** **Phone Number**

_____

_____

_____

The Lafayette Recreation Department has my permission to use images in which my child appears. **YES** **NO**

I hereby pledge myself, my heirs, executors or administrators to waive and release all rights and claims for damages I may have against the Recreation Department. I also release the organization's staff, coaches, volunteers or officials for any and all injuries suffered by my child.

The Lafayette Recreation Summer Program will have small outings to different destinations. We will be taking small groups hiking, biking, swimming, etc. These trips would require leaving camp by bus, private car, bikes etc. These group trips would be clearly posted and notices distributed. I give my child permission to travel by bus, private car, and bike or on foot to attend small day trips that the Lafayette Recreation Summer Camp has planned.

Should my child be taken to the hospital for emergency purposes, I hereby grant permission to the attending physician and staff to treat my child listed above for anesthesia, medical, x-ray and surgical procedures, as may be deemed necessary or advisable.

I understand that in an emergency every attempt will be made to communicate with me prior to the use of this waiver.

Parent/Guardian Signature: _____**Date**: _____

Any questions or concerns please contact Kim Cowles

991-8925(cell) recreation@franconianh.org (email)