## **Participant Registration Form**

	Summer Playground Program Site: Date:							
P A	Participant's Name:							
R	Tarticipant's Name.							
T   1	Date of Birth: M _ F _							
Ċ	YY / MM / DD							
Allergies: Yes _ No _ Medication: Yes _ No _ (see Special Information Section)								
A	Address:							
Ť	City: Postal Code:							
	Parent/Guardian:							
	Relationship to Participant:							
	Relationship to Participant: (work)							
<u>ج</u>	Parent/Guardian:							
genc ct	Relationship to Participant:							
Emergency Contact								
ந்த	Phone # : (home) (work)							
	Emergency Contact (other than above):							
	Relationship to Participant: Phone #:							
	Does your child: (if yes, please explain fully)							
X	1. Have any medical conditions (e.g. Asthma)?							
	2. Take any medication (include type, dosage, times of self-medication)?							
	3. Have any allergies (include those to food, medication, and environment)?							
	4. Has your child had a physical exam within the last 3 years? If so, date and form from:							
	5. Have any fears that leaders should be aware of (e.g. water, bees)?							
	6. Know how to swim? Y / N List current swim level if child has taken lessons:							
	Are they _ beginner _ intermediate _ advanced or _ never swam before?							
	7. Please list any family information or special instructions that the instructor should be aware of:							
	8. Please list any other comments or concerns that you have:							

_	I hereby authorize the following people to pick up my child,, at the program location in the event parent(s)/guardian(s) are unable to and have contacted the Parks and Recreation, prior to pick-up.							
tior	1 I	Phone Number:						
izat	2	Phone Number:						
Authorization		Phone Number:						
Aut	Dated this day of	20						
	Dated this day of, 20 Parent/Guardian Signature							
Field trip Permission	Some program/camp activities may include offsite activities. Parents/guardians will be informed of all offsite activities prior to outing. We require all parents/guardians to sign this permission form in order to allow any off-site excursions.  I,							
		Important  This slip doesn't entitle of ensure participation on every trip. Specific field trip permission slips must also be filled out for every trip.  Walkers- There are some children that are considered walkers by parents. If your child is a walker then please check one of the following: can come and go as they please can only walk home at closing for inclement weather at no time will my child walk home.						
	Photo	Initialize						

(optional)



## Photo Release Form

Yes, I give permission for my child(ren)
No, I do not give permission for my child(ren

This signed release form give the City of Meriden Summer Playground Program permission to or the restriction of the display of photographs of your child involved in Parks and Recreation Programs, in newspaper articles, press releases, on the City of Meriden website and for publicity/promotion of programs offered.

By signing below I acknowledge that I have read and agree to the terms above.

Print Child's name:_		 	
Print Parent/Guardia	an name:	 	
Address:		 	
Date:	Signature:		