

WEST HAVEN RECREATION

AFTERSCHOOL APPLICATION/PERMISSION SLIP

School name: _____
Child's name: _____ Sex: _____ Grade: _____
Address: _____ Date of birth: ____/____/____
Home phone: _____ Work phone: _____ Parent's name: _____
Cell phone: _____
Emergency contact person: _____ Phone # _____

Register at the Recreation Office. Registration is on a first come, first served basis. Only 20 participants will be accepted in each group.

WEST HAVEN PARKS AND RECREATION MEDICAL REPORT

Doctor's Name _____ Phone _____
Hospital Preference _____ Date of last tetanus _____
Does your child have: Allergies: _____ Drug sensitivities: _____ Seizures:
_____ Date of last seizure: _____ Contact lenses: _____ Asthma _____
Disability: _____
Take medication on a regular or semi regular basis: _____ Other: _____
If you answered yes to any of the above, please give details:

RELEASE FORM

Parent's Name _____ I hereby signify that I understand that the West Haven Parks and Recreation Dept. is not responsible for any injuries _____ (child's name) may suffer while taking part in programs and activities sponsored by the Parks and Recreation Department. I hereby waive any claim for damages to the participants person or property.

I give permission for the participant to be photographed. These photos may be used by the West Haven Parks and Recreation Department for publicity purposes by newspaper, television, and photo displays.

The following people have my permission to pick up my child(other than myself).

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

My child has my permission to walk home (please circle one) Yes No

Parent /Guardian Signature _____ **Date** _____