

HURLEY SUMMER PROGRAM 2018

REGISTRATION/MEDICAL FORM

CHILD'S NAME _____ MALE /FEMALE

ADDRESS _____ AGE _____ GRADE (SEPT) _____

CITY _____ STATE _____ DATE OF BIRTH _____

PARENT/GUARDIAN'S NAME _____

ADDRESS _____ CITY _____

HOME PHONE # _____ WORK PHONE # _____ CELL PHONE# _____

E-MAIL ADDRESS _____

IF PARENT IS UNAVAILABLE SECOND PERSON TO CONTACT:

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE # _____

CELL # _____

MEDICAL INFORMATION:

ALLERGIES (FOOD,BEES,MEDICATIONS,ETC.)

PHYSICAL LIMITATIONS: _____

EMOTIONAL CONCERNS (DIFFICULTIES, DISORDERS) _____

ADMINISTERED MEDICATION: YES _____ TYPE _____

SIGNATURE OF PARENT/GUARDIAN _____

FOR PROMOTIONAL PURPOSES VIDEOS OR PHOTOGRAPHS ARE OCCASIONALLY TAKEN OF TOWN SPONSORED ACTIVITIES. THESE VIDEOS OR PHOTOS MAY BE USED ON OUR WEBSITE. **IF YOU DO NOT WISH YOUR CHILD TO APPEAR IN THIS MANNER**

INITIAL HERE: _____