

**TOWN OF CLINTON SUMMER RECREATION**

**For Office Use Only**

**REGISTRATION FORM**

**Please PRINT all information**

**Complete a separate form for EACH child**

**Date Received:** \_\_\_\_\_

**Registration Ck #:** \_\_\_\_\_ **Ck Amount:** \_\_\_\_\_

**Trip Ck#** \_\_\_\_\_ **Ck Amount:** \_\_\_\_\_

Child's Name \_\_\_\_\_

Present Grade \_\_\_\_\_

Address \_\_\_\_\_

**(2013-2014 school year)**

Elementary school attended this past school year \_\_\_\_\_

**Health History**

- Include items important to program management (chronic conditions, seizure activity, respiratory conditions, physical limitations, vision or hearing deficiencies, medication taken regularly, contact lenses, etc.)

**Allergies:** List \_\_\_\_\_

Usual Signs/Symptoms \_\_\_\_\_

Suggested Management \_\_\_\_\_

**Family Physician:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Family Dentist :** \_\_\_\_\_ **Phone #** \_\_\_\_\_

Clinton Town Recreation Program provides basic first aid.

Illness/Injury requiring additional care may result in the following:

1. Parent/Guardian contact to provide further care.
2. Release of child to alternate contact listed by parent/guardian.
3. Physician/Dentist contact for instruction for immediate care.
4. First Aid Squad transport to Hunterdon Medical Center for emergency care.

**No medication, including aspirin, will be supplied or administered by the Town of Clinton Summer Recreation Program.**

**Parent/Guardian (please print)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Contact number during Summer Rec. hours: (please write the area code if it is a cell phone number)**

\_\_\_\_\_  
**Mother's Name and Cell #**

\_\_\_\_\_  
**Father's Name and Cell #**

**Alternate Contact:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**I am signing my child up for: (please X the appropriate information below)**

\_\_\_\_ (all 4 weeks) \_\_\_\_ (trips only) \_\_\_\_ (6/23-6/27) \_\_\_\_ (6/30-7/4) \_\_\_\_ (7/7-7/11) \_\_\_\_ (7/14-7/18)