

COHASSET RECREATION DEPARTMENT
2010 Summer Playground Program

Registration Form

Circle Program Age Group
(3-5 yrs) (5-12 yrs)

Child's Last Name: _____ Child's First Name: _____ (Nickname, if any)

Sex: Male Female Age: _____ DOB: _____ Grade Next: _____

Email: _____ T-Shirt Size: Circle YXS / YS / YM / YL / AS / AM / AL
Shirt size is guaranteed on a first registered basis

Parent's Names:

Mother: _____ Phone (H) _____ (W) _____

Address: _____ Cell Phone: _____

_____ Schedule: _____

Email: _____

Father: _____ Phone (H) _____ (W) _____

Address: _____ Cell Phone: _____

_____ Schedule: _____

Email: _____

Guardian is: Both: _____ Mother: _____ Father: _____ Other: _____

(If foster child, name of social worker) _____

Agency Name & Number: _____

Please notify us in writing of any special custody situations.

Brothers & Sisters (ages) In Program: _____

Not in Program: _____

Emergency Contacts (other than parents):

1. _____ Relationship: _____

Phone: (H) _____ (C) _____

Address: _____

2. _____ Relationship: _____

Phone: (H) _____ (C) _____

Address: _____

Please list any special information that you think will be helpful for your child's counselor to know about your child (Special interests, hobbies, likes, dislikes, etc.)

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Medical Information:

Allergies (Include RX): _____

Please list any and all medications taken: School year & Summer _____

Special Medical Information: _____

Insurance Company: _____ Policy Number: _____

Family Doctor: _____ Phone Number: _____

Any other special info/needs we should be aware of:

Is your family a member of Cohasset Swim Center? _____
Will your child be taking swim lessons at the swim center? YES NO

Summer Schedule: (Please circle weeks of attendance below)

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
June 21	June 22	June 23	June 24	June 25
June 28	June 29	June 30	July 1	July 2
July 5 NO PROG	July 6	July 7	July 8	July 9
July 12	July 13	July 14	July 15	July 16
July 19	July 20	July 21	July 22	July 23
July 26	July 27	July 28	July 29	July 30
Aug.2	Aug.3	Aug.4	Aug.5	Aug.6

The Cohasset Recreation Department assumes responsibility for children during designated hours of the program. Parents are responsible for providing transportation to and from the program at the proper times.

RELEASE: I understand the activities of this program, its rules and requirements and its potential risks. I accept these conditions and hereby grant permission for my child's participation. I hereby forever release the Town of Cohasset, Cohasset Recreation & School Department and its officers, employees, agents and volunteers from any and all claims for damages with respect to or in connection with all known and unknown personal injuries incurred by my child while participating in the program or event except for damages caused solely by the negligence of the Town of Cohasset, Cohasset Recreation & School Department or its officers, employees, agents or volunteers. I hereby agree to indemnify and hold harmless the Town of Cohasset, Cohasset Recreation & School Department and its officers, employees, agents and volunteers with respect to any such claims for damages which are not caused solely by the negligence of the Town of Cohasset, Cohasset Recreation & School Department, or its officers, employees, agents or volunteers. **PERMISSION IS GRANTED FOR ANY EMERGENCY MEDICAL TREATMENT NEEDED.**

Date:

Signature of parent or guardian:

Please notify the Recreation Office if there are any changes in the above data.