

**Cohasset Recreation Department  
2011 Summer Playground Program  
Registration Form**

*Circle Program*

*(Pre-school Program for ages 3 1/2 -5 1/2) (Playground Program for ages 5 1/2 -12)*

\_\_\_\_\_  
*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.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONTINUED →→→→→→→→→**

**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: \_\_\_\_\_

**Summer Schedule:** (Please circle weeks of attendance below)

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
June 27	June 28	June 29	June 30	July 1
<b><u>NO PROG</u></b>				
July 4	July 5	July 6	July 7	July 8
<b><u>NO PROG</u></b>				
July 11	July 12	July 13	July 14	July 15
July 18	July 19	July 20	July 21	July 22
July 25	July 26	July 27	July 28	July 29
Aug. 1	Aug. 2	Aug. 3	Aug. 4	Aug. 4
Aug. 8	Aug. 9	Aug. 10	Aug. 11	Aug. 12

**Attendance Policy:** Please notify the office on days your child(ren) will not be in attendance via phone or email by 8 AM

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. Late fees will be incurred for children not picked up at the scheduled end of the program.

**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. Photos are periodically taken of participants in a program, class, during special events, or at the Recreation Center. Please be aware that these photos are for the Recreation Department's use only and may be used in the Recreation Department's brochures, calendar, pamphlets or flyers.

**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.