

EASTON PARKS & RECREATION Registration Form

Activity: _____ Fee: _____
Session: _____ Age: _____ Grade: _____
Name: _____ M F Birthdate: ____/____/____
Address: _____ Home Phone: _____
_____ School: _____
Teacher's Name: _____ Room: _____
Education Connection: Yes _____ No _____ E-mail: _____

(Children Only)

Mother's Name: _____ Work Ph: _____ Cell Ph: _____ Beeper: _____
Father's Name: _____ Work Ph: _____ Cell Ph: _____ Beeper: _____

Who is responsible for picking up your child? All pick-ups need to be done promptly.

Name: _____ Phone: _____

In case of Emergency, please contact:

Name: _____ Phone: _____

Physician's Name: _____ Phone: _____

Hospital Choice: 1. _____ 2. _____

Any Medical Problems: _____

Allergies: _____

Special Needs: _____

While enrolled in the above activities sponsored by the Easton Parks and Recreation Commission, the Town of Easton and the Park and Recreation Director and the Staff are not responsible for any injuries which may occur while participating in or traveling to or from any of the activities. I also realize and assume the risk of challenging activities I may participate in. In the event of an injury permission is also granted to see to it that proper first aid and medical attention is given.

Signature: _____ Date: _____
(parent or guardian)

Permission slip for attending Afterschool Programs:

Child's Name: _____

Activity: _____ Dates of Activity: _____

Day of Activity: _____ Time of Activity: _____

Teacher's Name: _____ Room: _____

My child has permission to attend the above activity sponsored by the Easton Parks and Recreation Department.

Signature: _____ Date: _____
(parent or guardian)