

TOWN OF PORTER RECREATION

CHILD'S Name _____ (in Sept.)
GRADE _____ AGE _____

Mother's Name _____ Work Phone _____ Cell Phone _____

Father's Name _____ Work Phone _____ Cell Phone _____

HOME ADDRESS _____ Home Phone _____

BIRTH DATE ____ / ____ / ____ EMAIL (for fieldtrip notifications) _____

Town of residence (circle one) PORTER LEWISTON WILSON CAMBRIA OTHER

School attending _____

Medical information

Child's Doctor _____ phone _____

List all current health problems _____

List all medications taken regularly _____

List all food and other allergies _____

Emergency contact - in case parent(s) are not available

1.) Name _____ address _____

phone _____ relationship to child _____

2.) Name _____ address _____

phone _____ relationship to child _____

In an emergency situation concerning my child _____ (i.e. accident or sudden medical problem), I authorize the Town of Porter Recreation staff/volunteers to be my agent in obtaining emergency medical care. The 911 emergency team and emergency department staff of Mt. St. Mary's Hospital will be utilized.

Date _____ Parent/Guardian Signature _____

WAIVER AND INDEMNITY AGREEMENT

In consideration of your accepting the registration of

child's name

into the recreation program sponsored by the Recreation Commission of the Town of Porter, the undersigned parent or legal guardian of said child hereby covenants and agrees to indemnify and keep harmless the Town of Porter, the Recreation Commission, the Wilson Central School District, the State of New York, the Niagara Frontier State Park and Recreation Commission and all of their members, officers, agents or employees, from all suits, actions or claims of any character, name or description which may arise on account of the death of or any injury to said child.

We so not assume custodial responsibilities.

Parent's signature

General Guardian

Date _____

WE ARE NOT RESPONSIBLE FOR ANYTHING LOST OR STOLEN. THIS INCLUDES ANY ELECTRONICS. Please keep anything of value at home.