

**Bourne Recreation Department 2014 Summer Program
Enrollment & Authorization Form
Page 1**

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS

Child's Last Name _____ **First Name** _____

Parent's Name _____ **Parent's Name** _____

Location During Program _____ Location During Program _____

Phone Number _____ Phone Number _____

Cellular # _____ Cellular # _____

MY CHILD MAY BE DISMISSED TO EITHER PARENT: YES NO

If "NO", legal documents must be on file with the Recreation Department office
before the start of the program.

Do you carry family medical/hospital insurance? Please provide the Carrier and Policy/Group #

Does Your Child Have Any Conditions We Need to be Aware Of? If Yes, Please List

Does Your Child Have Behavioral Difficulties?

Does Your Child Need Assistance in Eating?

I understand that my child must have had a physical within the last two years to attend the program
and that I must provide a copy of that physical to the Recreation Department before June 1st.

YES

NO

I understand that the Bourne Recreation Department is unable to administer any type of medication
to my child.

YES

NO

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Child's Last Name _____ **First Name** _____

If necessary, is permission granted to the Bourne Recreation Department for your child to be taken to the nearest hospital?

YES NO

What is your preferred local hospital?

Is Your Child Currently on a Behavior Modification Plan at Home?

YES NO

Is Your Child Currently on a Behavior Modification Plan at School?

YES NO

Is Your Child Currently on Any Medications? If Yes, Please List Diagnosis and Medication

Name and Phone # of Dentist

Name and Phone # Of Physician

Please let us know the correct T-Shirt size for your child so that we may do our best to outfit him/her with the proper fitting shirt.

CS CM CL AS AM AL

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Child's Last Name _____ **First Name** _____

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I hereby authorize the Bourne Recreation Department to release my child to the following adults and/or contact these people in case of an emergency:

Name _____ Phone # During Program _____

Name _____ Phone # During Program _____

Name _____ Phone # During Program _____

Name _____ Phone # During Program _____

Name _____ Phone # During Program _____

Does your child have permission to participate in all regular programs offered during the summer program?
_____EXCEPTIONS_____

Medical Emergency

I understand that every effort will be made to contact me in case of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the Bourne Recreation Department to arrange transportation to the nearest hospital and to secure the necessary medical treatment. I also understand that some of the program staff are trained in the basics of First Aid and I authorize them to treat my child when appropriate.

Signature of Parent/Guardian

Date

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PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS

Child's Last Name _____ **First Name** _____

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Liability Waiver

I _____, the parent(s)/guardian(s) of the minor _____ (the "registrant"), give permission for the registrant to participate in programs sponsored by the Town of Bourne Recreation Department. I understand that the Bourne Recreation Department will provide supervision for the safety and well being of the registrant and I agree that the registrant will abide by the rules of the Bourne Recreation Department and the Town of Bourne and follow the instructions of all supervisory staff, including sponsors, employees, volunteers and other personnel.

I recognize the risk of injury or accident related to the activity. I also acknowledge that the registrant may not participate in the activity unless I waive claims, which I may have arising from the registrant's participation in the activity. I hereby waive, release and otherwise discharge the Town of Bourne, the Bourne Recreation Department and each of their respective members, officers, commissioners, employees and agents, including all supervisory staff from any and all claims, which I may now or in the future have arising from the registrant's participation.

I also understand that the registrant may be removed from the activity by any supervisory staff or the Recreation Director for just cause.

In case of a field trip or bad weather, I authorize the Bourne Recreation Department to transport my child by car, van or bus to another location.

I hereby authorize administration of first aid and emergency medical treatment.

I have read and understand the policies of the Bourne Recreation Department.

Signature of Parent/Guardian

Date

Promotional Authorization

I understand that at times photograph, images or videos taken of my child during Recreation Department programs may be used in promotional material, which may include but is not limited to flyers, notices, bulletin boards, newspapers, social media or Town websites.

Signature of Parent/Guardian

Date