

TOWN OF RED HOOK RECREATION COMMISSION
7340 SOUTH BROADWAY
RED HOOK, NEW YORK 12571
Telephone: 845-758-4625 ~ Fax: 845-758-5313

Dear Parent/Guardian:

Your son/daughter has indicated a desire to participate in a program sponsored by the Town of Red Hook.

The Town of Red Hook Recreation Commission does not provide medical insurance for the participants in the event of injury. Please understand that hospital or medical fees will be your responsibility through your own insurance.

Please understand that risk of injury exists in all participation in sports. All youth participate at his/her own risk.

Please read, complete, and return this permission slip if you wish to have your son/daughter participate in a Red Hook recreation program.

No one will be allowed to participate in any program without a completed permission slip. A separate permission slip must be completed for each program.

John D. Kuhn
Recreation Director

PLEASE PRINT!

Date: _____

_____ has my permission to participate in
Name

_____.
Name of Program

Age: _____ Birth Date: _____ Grade (next year): _____

Address: _____

Home Phone #: _____ Work Phone #: _____

Emergency Name & Phone #: _____

Relationship: _____

Allergies/Medical Conditions: _____

Medications Taken Regularly: _____

Doctor's Name: _____ Phone #: _____

I FULLY UNDERSTAND THAT THIS PERMISSION INCLUDES ALL PRACTICE AND GAME PARTICIPATION AND GIVES PERMISSION TO TRANSPORT AND TREAT IN MEDICAL EMERGENCIES. I FURTHER UNDERSTAND THAT ANY HOSPITAL AND MEDICAL FEES WILL BE MY RESPONSIBILITY.

Signature of Parent/Guardian: _____

Please Print Your Name: _____