

TOWN OF RED HOOK RECREATION COMMISSION  
7340 SOUTH BROADWAY  
RED HOOK, NY 12571  
845-758-4625 ~ FAX: 845-758-5313  
<http://www.redhook.org>

**PERMISSION FORM TO PARTICIPATE IN A  
TOWN OF RED HOOK RECREATION PROGRAM**

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

Date: \_\_\_\_\_

AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

Participant Name \_\_\_\_\_  
Name of Program \_\_\_\_\_ GRADE (next year) \_\_\_\_\_

**FULL NAME OF CUSTODIAL PARENT/GUARDIAN**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_

WORK PHONE #: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_

WORK PHONE #: \_\_\_\_\_

**MEDICAL INFORMATION**

DOES THE PARTICIPANT TAKE ANY MEDICATION? YES NO

MEDICATION: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

MEDICAL CONDITIONS: \_\_\_\_\_

**\*\*\*\*\*Please speak directly to the Program Director regarding medications, allergies, or medical conditions.**

**INSURANCE ACKNOWLEDGEMENT:**

I acknowledge that my child will be participating in supervised physical activity where inherent risk is involved. Also, I understand that Red Hook Summer Recreation Programs do not carry insurance for program participants.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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**FULL NAME OF PARTICIPANT:** \_\_\_\_\_

**PICK-UP RELEASE INFORMATION:**

Individuals permitted to pick up my child from the program and their relationship to my children is listed below. Photo identification is required.

**\*\*\*\*\*PLEASE SPEAK DIRECTLY TO THE PROGRAM DIRECTOR BEFORE TAKING CHILDREN!!**

FULL NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

CONTACT #: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

CONTACT #: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

CONTACT #: \_\_\_\_\_

**MEDIA WAIVER RELEASE**

I hereby grant permission to the Summer Recreation Playground to use photographs, videos, other forms of media of my children in any and all of its publication or portions thereof to be used for public view. I will make no claim against the Town of Red Hook for use of obtained media.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

What have we forgotten to ask? Please provide in the space below any additional information about the participant that you think is important or that may affect the participant's ability to fully participate in the program. Attach additional information if needed.