

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.