

# Rockingham Recreation Department

10 Playground Road · Bellows Falls, Vermont 05101

(802)-463-9732 or email to [recreation@rockbf.org](mailto:recreation@rockbf.org)

## Camp Registration Form: Please check one below

Adventure Camp,  Saxtons River Rec Day Camp      Weeks Attending \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Guardian:

Secondary Guardian:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Emergency Contact (used only if his/hers Guardian cannot be reached):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

\*Please State any MEDICAL, EMOTIONAL or PHISICAL PROBLEMS YOUR CHILD HAS. PLEASE BE SPECIFIC:

\* Allergies? \_\_\_\_\_

**MEDICAL INSURANCE COVERAGE:**     Family Insurance       24 Hour School Insurance

**Name of Insurance Carrier:** \_\_\_\_\_

### PARENTAL PERMISSION FOR CHILDREN UNDER 18 YEARS OF AGE:

My son/daughter, as registered above, has my permission to participate in the above named program(s). I further release, absolve, indemnify and hold harmless the Rockingham Recreation Department Staff, and the Town of Rockingham. In the event of an emergency requiring medical attention, I authorize that necessary medical attention be given to my child by a qualified physician in the event I cannot be reached.

**Guardian's Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_

I also give permission for my child to ride with a qualified individual in the event of a field trip or any other occasion.

### **For Photographs:**

From time to time various newspapers and other photographers attend Recreation Department activities and take photos of program participants. Please check below.

YES, I give permission for the above named participant to be photographed

NO, I do not give permission for the above named participant to be photographed