

Town of Stony Point Playground Program

July 11-August 19, 2016

Child's Name _____ Sex M F

ADDRESS _____

DOB _____ Age _____ Grade _____ Parents Names _____

TELEPHONE _____ CELL _____

EMAIL _____

Emergency Contact _____ Phone _____

Family Doctor _____ Telephone _____

Please Initial... Immunization records attached _____

Resident \$60 per wk wks Nonresidents \$80 per wk wks

Town residents now receive a \$10 discount for 2nd and 3rd children

PLEASE MAKE CHECKS PAYABLE TO: Town of Stony Point

** I hereby give consent for my child to participate in the program indicated.

I give permission for pictures to be taken of my child Yes No

I give permission for my child to swim in the wading pool Yes No

In the event a parent cannot be reached I authorize my child to be treated by either an EMT, Physician or other medical staff. Yes No

Please Note: This program is licensed by the NYS Dept. of Health and requires an inspection. Inspection reports concerning the camp are filed in the Rec. Office at Eccher Park and Town Hall.

Parents Signature _____ **Date** _____

Medical History

Child's Name: _____

List any recent current illnesses: _____

List any restrictions or limitations: _____

List any special needs, allergies or diet: _____

List any medications or treatments: _____

Name any other medical conditions we should be aware of: _____

PLEASE SUPPLY A COPY OF UPDATED IMMUNIZATION RECORDS.

**NO CHILD CAN ATTEND THE PLAYGROUND PROGRAM WITHOUT
A COPY OF IMMUNIZATION RECORDS ON FILE.**

Parents Signature _____ **Date** _____