



Town of North Collins Recreation Department Sign Up Sheet for Summer Camp

| | | | |
|--------------|--------------------|------------|----------|
| First Name: | Date of Birth: | NCRecId: | |
| Last Name: | Teacher: | Grade: | Bus No.: |
| Family Name: | Medical Info: | | |
| Address: | | | |
| City: | Prefered Hospital: | | |
| State: | Health Insurance: | | |
| Zip: | Doctor: | Phone: | |
| Home Phone: | Dentist: | Phone: | |
| Cell Phone: | Epipen: | Sunscreen: | |
| Email: | Allergies: | | |

Emergency Contact and Child Pickup please print clearly

| | First Name: | Last Name: | Phone: | Work Phone: | Relationship: | Allowed to Pick Up: |
|----|-------------|------------|--------|-------------|---------------|---------------------|
| 1. | Mom | | | | | |
| 2. | Dad | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |

Please mark the size current size Note: not all programs will get uniforms

| | | | | | | | | | |
|-------|-------------|--------------|-------------|-------------|--------------|-------------|----------|----------|----------|
| Shirt | Youth Small | Youth Medium | Youth Large | Adult Small | Adult Medium | Adult Large | Adult 2X | Adult 3X | Adult 4X |
|-------|-------------|--------------|-------------|-------------|--------------|-------------|----------|----------|----------|

Paid: \$ _____

By / ck#: _____

I on behalf, individually and as a parent/guardian of my child and on behalf of my child, our heirs, executors and administrators, hereby release and forever discharge the Town of North Collins, or as applicable the admiration, staff, instructors, employees, volunteers and agents and each persons and such entity's agents, representatives, successors or assigns from any and all claims and causes of action, including but not limited to claims for personal injury which I, individually and as parent or guardian of my child, may have arising out of or in any way related to the field trip, activity or event.

I also state that I am not aware of any health reasons, which would prohibit or limit my child's participation in this activity or event.

Parent/ Guardian Signature: _____ Date: _____