

Mechanic Falls Summer Rec Registration Form Summer 2020

Camper Information:

Child Name: Last _____ First _____ Middle _____

Birthday: _____ Age: _____ Gender: _____ Grade Entering: _____ Shirt Size: _____

Mom/Guardian Name: _____ Dad/Guardian Name: _____

Street Address: _____ If different _____

Home Phone: _____

Work Place: _____

Work Phone: _____

Email Address: _____

Medical Information:

Known Allergies: _____

Known Medical Problems: _____

Last Tetanus Shot: _____

Medications Child is Taking: _____

Reason: _____

Emergency Contact Info: (other than parent/guardian)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

** Please notify if other than who is listed above will be picking up your child at any time.

Emergency Medical Information:

Physician Name: _____ Phone: _____

Hospital: _____

Insurance Name: _____ Group #: _____

Policy#: _____ Expiration Date: _____

I hereby give my consent, in the event of a medical emergency when I cannot be contacted, for Mechanic Falls Recreation Staff to obtain whatever treatment may be deemed necessary for:

Child Name _____ DOB _____

Parent/Guardian Signature

Date