

Hamlin Recreation
Before and After School Program/School Break Camp
2018-2019

STUDENT: _____ BIRTH DATE _____

ADDRESS: _____

List Any Special Needs And/Or Health Issues:

A COPY OF YOUR CHILD'S IMMUNIZATION RECORD IS REQUIRED TO BE ON FILE

AUTHORIZED PICK-UP

I give permission to the person(s) listed below to pick up my child from the Hamlin Recreation Before and After School Program when I am unable to do so. I further acknowledge that I will contact the Recreation office to inform the staff when this event is to take place.

Parent/Guardian

Signature: _____ **Date:** _____

Authorized Person(s)	Home Telephone	Work Telephone	Cell Phone
----------------------	----------------	----------------	------------

1. _____
2. _____
3. _____
4. _____

EMERGENCY CONTACT

In the event of an emergency, I would like the following person(s) contacted. I further acknowledge that I will contact the Recreation office to inform the staff if contact persons or contact information changes.

Parent/Guardian

Signature: _____ **Date:** _____

Authorized Person(s)	Home Telephone	Work Telephone	Cell Phone
----------------------	----------------	----------------	------------

1. _____
2. _____
3. _____
4. _____

Parent Name: _____ **Telephone:(Home)** _____
(Work) _____
(Cell) _____

Standard Waiver

I assume all risk and hazards incidental to the conduct of the activities listed below, and do hereby further release and hold harmless the Town of Hamlin & the Town of Hamlin Recreation and Parks Department staff and volunteers. I give permission to a licensed physician or hospital staff to administer emergency medical care deemed necessary for myself/child when normal permission is unavailable. I certify that I/my child are in good physical health and have no limitations other than those listed above which may predispose me/my child to risk during the listed programs. I also fully realize that I must provide proper medical and hospital coverage. The Town of Hamlin does not provide accident insurance coverage. I understand that I must come into the program location to drop off and pick up my child. Refunds will be given to anyone canceling from an activity at least one week (5 working days) prior to the start of the program. There is no refund for any program once it has begun unless it is cancelled by the Recreation Department or in the event of illness or injury and a doctor's note is provided. Refunds may be pro-rated minus the cost of uniforms and supplies. I give permission to Hamlin Recreation to print my son/daughter's name and/or image in new publications and/or on display.

Transportation Agreement

Occasionally on days off from school, Hamlin Recreation plans field trips and off-site activities for the children coming to School Break Camp. Parents will always be notified prior to anytime their child goes to an off-site location. They will be made aware of the location of the field trip, and both pick up and drop off times. Anytime the children need to be transported somewhere, we will use a Brockport Central School bus, driven by an employee of the BCSD bus garage.

I hereby give permission for transportation on the bus by the Brockport Central School District for field trips which may occur on holiday breaks, or days off school.

Parent/Guardian Signature: _____ **Date:** _____
