

2010
TENAFLY RECREATION BOARD
RECKY'S DAY CAMP AND PRESCHOOL FUN CAMP
SUMMER REGISTRATION FORM

GRADE (*Entering in September*) _____ School: (*Entering in September*) _____ Age: _____

PRESCHOOL CAMP ONLY – (Check One) Full Session _____ 1st Half _____ 2nd Half _____

CHILD'S NAME: (Please Print) _____ SEX: Male _____ Female _____ Birth Date _____

ADDRESS: _____ TOWN: _____

TELEPHONE #: Home# _____ Work# _____ Cell# _____

EMAIL: _____

EMERGENCY CONTACT
(nearby, other than parent/guardian):

NAME: _____ TELEPHONE #: _____

MEDICAL INFORMATION: Allergies: _____

Any Medication on a Daily Basis: _____

Medical History: _____

Date of Last Tetanus Shot: _____ Doctor: _____ Tel#: _____

I, the undersigned parent or guardian of the above named applicant, do hereby give my permission for him/her to participate in this Tenafly Recreation Board Summer Program. I do assume all risks and hazards incidental to the activity and transportation, and do further hereby release, absolve and hold harmless the Borough of Tenafly, Tenafly Recreation Board, its agents and instructors, any or all of them. I do further understand that the Borough of Tenafly or Tenafly Recreation Board does not provide Accident Insurance for this activity. I hereby fully consent to emergency medical care to be rendered by competent medical physicians in the event the above-named child should require such attention during this activity.

I UNDERSTAND THAT ONCE THE ABOVE NAMED CHILD ATTENDS THE CAMP, THERE IS NO REFUND.

MOTHER'S NAME (Please Print) _____ FATHER'S NAME (Please Print) _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

Please list the names of people picking up your child: _____

THESE ARE THE ONLY PEOPLE WHO WILL BE ABLE TO PICK UP YOUR CHILD

PRE-SCHOOL CAMP
Birth Certificate Received _____

RECEIPT # _____
PROOF OF ADDRESS _____