

Town of Deerfield Recreation Program
6329 Walker Road
Deerfield, New York 13502

Complete each form
For each child attending

Dear Parent/Guardian:

Your son/daughter has indicated a desire to participate in a program sponsored by the Deerfield Recreation Program.

The Town of Deerfield Recreation program does not provide medical insurance for the participants in the event of injury. Please understand that hospital or medical fees will be your responsibility through your own insurance.

Please understand that a statistical risk of injury exists in all outing events. All youth will participate at his/her own risk.

Please read, complete, and return this permission slip if you wish to have your son/daughter participate in The Deerfield Recreation program.

No one will be allowed to participate in any program event without a completed and signed permission slip.

Karen Day
Recreation Director

Date: _____

Child's Name _____

Has/have my permission to participate in, and be transported by chartered bus to, Youth Program events offered by the Town of Deerfield Recreation Program.

Address: _____

Home Phone #: _____ Cell phone #: _____

Emergency Name & Phone #: _____

Relationship: _____

Doctor's Name: _____ Phone #: _____

I FULLY UNDERSTAND THAT THIS PERMISSION FORM INCLUDES ALL PARTICIPATION IN RECREATION EVENTS AND GIVES YOUTH PROGRAM STAFF PERMISSION TO TRANSPORT AND TREAT IN MEDICAL EMERGENCIES. I FURTHER UNDERSTAND THAT ANY HOSPITAL AND MEDICAL FEES WILL BE MY RESPONSIBILITY.

Signature of Parent/Guardian

Please Print Your Name:

Date

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(turn over – please complete side 2)

Additional Medical Information:

Does your child(ren) have any allergies we should be aware of? (peanut allergy, other food allergy, bee stings, other environmental, etc.) YES NO If so, please list allergy:

Does your child have any medical condition(s) we should be aware of? (diabetes, asthma, etc.) YES NO If so, please list child's medical condition(s):

Is he/she currently taking any daily medications we should be aware of? YES NO
If so, please list child's medication(s):

Summer Youth Program Rules/Code of Conduct:

I understand that the Deerfield Summer Youth Program is NOT intended to be used as Child Daycare.

I understand that there will only be Program Supervision between the hours of 8:30 a.m. and 3:00 p.m. I understand that at any other time (before 8:30 a.m. and after 3:00 p.m.), there is no Youth Program Staff on site.

I understand that it is my responsibility to provide lunch, ample beverages, proper clothing, and sunscreen for my child.

My child and I understand that the following behaviors will NOT be tolerated, and that should any of these occur, I will be notified immediately and that my child's participation in this year's Summer Youth Program may be terminated.

1. Foul Language, Swearing, or Other Verbal Disrespect towards other children or counselors.
2. Destruction or Disregard for Property. This includes program games & toys, items belonging to other children, as well as the park facilities. All children are expected to help with general clean up at the end of each day – picking up of toys, games, crafts.
3. Physical Violence – hitting, pushing, shoving, spitting, tripping, etc.
4. Proper Behavior on Field Trips. We expect all those that participate in a field trip conduct themselves properly and listen to Program Counselors.

Signature of Parent/Guardian

Child's Signature
