

Town of Ashford Summer Youth Recreation Program

Registration Form

An individual form must be completed for each child attending the Summer Youth Recreation Program before they participate.

Name: _____ DOB: _____

Address: _____

Phone _____ Text: Y / N

Parent/ Guardian: _____

Emergency Contact/ Relation: _____ Phone: _____

Please list any other person(s) that are authorized by you to pick up your child at the conclusion of the program each day.

My child is allowed to walk home by him/herself: Yes / No

Lunches do not comply with dietary restrictions. Check here if you wish to opt out of the lunch program.

opt out

Medical Information

Please list any allergies or medical conditions staff should be aware of:*(this information is not pertaining to the lunch program, is confidential/need to know basis among staff)

In case of Emergency, does the Town of Ashford Summer Youth Recreation Program have permission to seek medical treatment if unable to reach parents guardians? Yes/ No

Since we are using the school building and equipment, all the rules of the school handbook apply. Please remind your child of these rules. If your child consistently violates the rules, he or she may be asked to leave the program.

I agree to not hold the Town of Ashford or Summer Recreation Program liable for accident or injury occurring during the participation of my child in any program or activity. I hereby consent to my child participating in the Town of Ashford Summer Recreation subject to all the foregoing rules and regulations.

Parent/Guardian: _____