

Ashland Parks & Recreation Programs

What Activities are you signing up for? 2014 Summer Camp Dates: _____

Child's Name: _____ DOB: _____ Age: _____ Grade: Entering in the Fall: _____

Mailing Address: _____ Town: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Information

Legal Guardian's Name: _____ Day Phone: _____ Home Phone: _____

Mother's Name: _____ Cell Phone: _____ Home Phone: _____

Father's Name: _____ Cell Phone: _____ Home Phone: _____

Doctor's Name: _____ Phone: _____

If unable to reach parents, please contact: _____ Phone: _____

Medications: _____ Allergies (include food): _____

Any other information that may help us better meet your child's needs:

Applications will not be accepted without a signed "Parent-Provider Agreement Sheet" the last page of the Camper/ Parent Handbook

Ashland Parks & Recreation Programs

PO Box 517 Ashland, NH 03217 (603) 968-9209 / recreation@ashland.nh.gov

Release of All Claims

Please Read and Sign

In consideration of the permission granted for the named participant to take part in the named Ashland Parks & Recreation Program, I hereby release myself and my heirs, the Ashland Parks and Recreation, its agents, employees, volunteers and other program participants, from all actions, damages and claims that may result in personal injuries and/or property damages.

I recognize there may be inherent dangers in participating in Ashland Parks and Recreation activities, which may present a strain on the body, and its parts, and furthermore, I represent to the best of my knowledge the participant is in proper physical condition to allow participation. I therefore assume all risk associated with participation in said program.

I understand that in case of injury or illness, Ashland Parks & Recreation will attempt to contact the legal guardian named or the “emergency contact” named. In the event of a medical emergency, I consent to the participant’s treatment by a medical doctor and I agree to pay all costs associated with said treatment, including transportation to the medical facility.

I, the undersigned, have read this release and understand all its terms and implications and I hereby execute this release of my own free

will and with full knowledge of its significance.

(Signature of Legal Guardian)

(Date)

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