

## Ashland Parks & Recreation Programs

What Activities are you signing up for? 2014 – 2015 After School Program 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:

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

**Ashland Parks & Recreation Programs / PO Box 517 Ashland, NH 03217**

**(603) 968-9209 /**

**[recreation@ashland.nh.gov](mailto: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.

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(Signature of Legal Guardian)

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(Date)

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**After School Program / Summer Day Camp Child Pick Up List**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City: Ashland, State: NH ZIP: 03217

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

The names listed below are the only individuals that are allowed to pick up my child / children from the After School Program or Summer Day Camp. I do understand that in order to take custody of the child/children, they must be signed out and/or provide a password given to verify the process. **Individuals must provide a photo ID.** If this does not happen, the emergency phone numbers will be called.

**These people are allowed to sign out my child/children. (Include Parents/Guardians)**

Name: \_\_\_\_\_ Relation to Child \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child \_\_\_\_\_

Are there any parents who are not allowed to pick up your children? Yes or No

Name: \_\_\_\_\_ Relation to Child \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent or Guardian)

Parent/Child Password for release: \_\_\_\_\_