Oakfield Summer REC 2010 Registration Form

1) Child's Name: _____
(Last) (First) (Middle I.)
Date of Birth: _____ Age as of 7/1/10: _____
Last Grade Completed: _____

2) Child's Name: _____
(Last) (First) (Middle I.)
Date of Birth: _____ Age as of 7/1/10: _____
Last Grade Completed: _____

Address: _____

Parent/Guardian Name: _____

Relationship to child: _____ Home Phone #:_____

Work Phone #:_____

Address if different from above:

_____

Email Address: _____

Parent/Guardian Name: _____

Relationship to child: _____ Home Phone #:_____

Work Phone #:_____

Address if different from above:

_____

Email Address: _____

***PERSON & NUMBER TO CALL IN AN EMERGENCY:_____

If persons other than the above parents/guardian will be bringing your child to and from this program please indicate their names & phone #'s here:

_____

Allergies & Medication/Medical Condition:

_____

For statistical purposes, please indicate where you reside: (please circle)
Village of Oakfield Town of 0akf ld Town of Alabama
Ethnic Background:
Caucasian African -American Hispanic Asian Native American Other

Permission Waiver:

I give permission for my child, _____ to participate in the Town of Oakfield Summer Recreation Program. I understand and hereby release and forever discharge any and all rights against the Town of Oakfield, the Recreation Committee, the Recreation Director, the Recreation Counselors, all employees of the Town of Oakfield and the Oakfield Town Hall and Oakfield Fire Company for any injuries to the above named person or properties during any activity related to participation in the Summer Recreation Program.

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____ Date: _____