

***The Town of Milton's Winter
Recreation Program
February 15th thru 19th***

For Milton Children 1st thru 6th Grade

**Monday, Wednesday & Friday 9:00 a.m. to 12:00
At the Milton Community Center
Tuesday and Thursday—Trip Days—Times T.B.A.**



**Come Ready
for Outdoor
Fun!**

***Registration Forms
Available at
Milton Town Hall or at
www.townofmiltonny.org***

885-9220 for more information



Space is Limited so Register Early

Town of Milton Winter Recreation Program

2010 Registration Form

One form per child; please print neatly. The entire form must be completed in order for your child to attend camp.

Camper's Last Name _____ First Name _____ MI ____ Nickname _____

D.O.B. ___/___/_____ Sex: Male __ Female___ Age ___ School _____ Grade _____

Parent/Guardian Name _____ Home Phone: _____

Address: _____ Work Phone: _____

Are you able to chaperone Field Trips? Yes __ No__ Cell Phone: _____

Does your child have permission to walk or ride their bike to & from camp? Yes ___ No___

Does your child have and siblings at camp? _____ Name(s)/Grades(s) _____

Please list all the other individuals, their relationship to the camper and phone # during camp hours to whom you give permission to pick your child up from camp:

Health History:

*The following section **MUST** be complete. A copy of **IMMUNIZATION RECORDS MUST BE ATTACHED** (if not on file from the summer 2009 registration) or your child will not be allowed to attend camp- no exceptions!*

	√	<u>Allergies</u>	√	<u>Current Conditions</u>	√
		Hay Fever		Ear Problems	
		Asthma		Heart Disease	
		Medications		Convulsions	
		Insect Bites		Diabetes	
		Ivy, Oak, etc		Behavior Problems	
		Food		Fainting	
		Other		Other	

Insurance ID or contact name for minor: _____

Family Physician: _____ Phone: _____

Emergency Medical Authorization

This is intended to ensure that your child will be able to receive proper medical care should they require it, even if you are not available at the time of need. In an emergency, of course, we will first attempt to reach a parent or guardian. In the event we are unable to reach you, we will attempt next to reach the persons below:

The information provided in this form is current and correct, and I/We, being the parent(s) or legal guardian(s) of the said minor do hereby appoint:

Name _____ Phone _____

Name _____ Phone _____

I give my permission to the Town of Milton appointed and medically authorized Health Director to act in my /our behalf in authorizing emergency medical care for the said camper during periods of my/our absence.

Parent/Guardian _____ Witness _____ Date: _____

Parent/Guardian _____ Witness _____ Date: _____

SEE OTHER SIDE

FIELD TRIP PERMISSION FORM

I give permission for _____ to attend the Town of Milton's scheduled field trips. Please see calendar for dates and locations.

I absolve the Town of Milton and any of its employees and volunteers of any liability in the event of an accident or emergency occurring while my child is participating in the Town of Milton Winter Recreation Program sponsored programs and any area that may be encompassed thereof. Any and all accidents must be reported to the Director within 24 hours.

Parent/Guardian Signature _____ Date _____