

**Town of Warrensburg Summer Recreation Program**

**HEALTH INFORMATION**

Please Check which Program your child will be attending \_\_\_ Sports \_\_\_ Arts & Crafts

Child's Name: \_\_\_\_\_ Age : \_\_\_ Birth Date: \_\_\_\_\_

Parent(s) or Guardian(s): \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_

Emergency Contact(s): \_\_\_\_\_ Phone: \_\_\_\_\_

**HEALTH HISTORY**

What, if any, contagious illness has your Child been exposed to within the last three weeks?

\_\_\_\_\_

Is your child allergic to: Bee Stings \_\_\_\_\_ Penicillin \_\_\_\_\_ Other: \_\_\_\_\_

Is there any food or drink which when ingested makes your child sick or causes a reaction?

\_\_\_\_\_

Has your child had a Tetanus Shot? \_\_\_\_\_ If so, When? \_\_\_\_\_

Any Conditions or Circumstances we should be aware of. \_\_\_\_\_

In case of an Emergency, I hereby give permission to the Warrensburg Youth Commission to secure proper medical treatment for the above child. Every effort will be made to contact the parent(s) or guardian in case of an emergency.

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

**WAIVER OF PHYSICAL DAMAGE OR INJURY**

In consideration of accepting this activity, I the undersigned individual do hereby release and hold harmless the Town of Warrensburg, its elected or appointed officials, employees and volunteers from any and all claims, lawsuits, or loss resulting from bodily injury or property damage as a result of my participation in connection with the activity of the Summer Recreation Sports and /or Arts & Crafts Program. I also attest and verify that I am physically fit and capable of said activity and understand that this activity could be hazardous.

\_\_\_\_\_  
(Participant Signature)

\_\_\_\_\_  
(Parent Signature -- For Minors Age 18 and Under)

**Town of Warrensburg Summer Recreation Program  
Release/Pickup Authorization Form  
Please Return this form with the Health Information Form**

Child's Name/ Participant: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Child's Name/ Participant: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Child's Name/ Participant: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Child's Name/ Participant: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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For the Safety of your Child / Children,

The following individual(s) (must be at least 18 years of age) are authorized to pick up my child from the Town of Warrensburg Summer Recreation Program. I understand my child will be allowed to leave with these individuals only. Government issued photo identification will be required at sign out.

List of People Authorized to pick up Summer Rec Participant(s):

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone : \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone : \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone : \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone : \_\_\_\_\_

**Policy Agreement**

- I understand that I must sign my child out each day.
- I agree to notify the program director in writing in advance if someone other than the authorized persons above will pick up my child.
- I understand that a photo ID will be required upon pickup.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Participants who are to be given permission to walk or ride their bikes home will need that notated here.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_