

TOWN OF RHINEBECK

RECREATION

PARTICIPANT INFORMATION, MEDICAL AND AUTHORIZATION FORM

THIS SECTION TO BE COMPLETED by Rhinebeck Recreation Staff

Resident: _____ Non-Resident: _____ Immunizations Received: _____ Camp: _____ SL: _____

This form needs to be **COMPLETED IN FULL** for application to be accepted. All information is confidential. Please complete all questions in **LEGIBLE** detailed manner for your child's welfare and enjoyment. ** Please note: If you child is attending camp, current records of immunizations must be provided by a doctor along with this form. If you have a religious exemption, you must provide a signed, type-written letter stating reasons for not immunizing your child and submit a recent proof of physical. **REMEMBER TO SIGN THE BACK OF THIS FORM.**

CHILD'S FULL NAME: _____ SEX: _____ BIRTH DATE: ___/___/___

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CHILD'S FULL NAME: _____ SEX: _____ BIRTH DATE: ___/___/___

ADDRESS: _____

SCHOOL: _____

CHILD'S GRADE ON JUNE 1ST OF THE CURRENT YEAR: _____

Is this the first year you child/ren are attending Rhinebeck Camp? _____

CUSTODIAL PARENT / GUARDIAN FULL NAME: _____

Mother: _____ - Father: _____

GUARDIAN: _____ CELL # _____

HOME # _____ WORK# _____

MOTHERS CELL# _____ FATHERS CELL # _____

MOTHERS E-MAIL ADDRESS: _____

FATHERS E-MAIL ADDRESS: _____

GUARDIAN E-MAIL ADDRESS: _____

EMERGENCY CONTACT

NAME:: _____

PHONE NUMBERS: _____