

SUMMER PLAYGROUND REGISTRATION FORM 2010

PLEASE PRINT: Student's Name

Last _____ First _____

Entering Grade _____

Address _____

Phone# _____ Cell# _____

Emergency Contact _____ Phone# _____

Parents Name's _____

Please list any medical problems concerning your child, including allergies or medications:

I hereby give permission for the above child to participate in the Durham Recreation Summer Program. Sponsored by the Durham Recreation Department. I certify that he/she is in good health. I have listed above any allergies, conditions and or medications that the program personnel should be aware. I further authorize the Durham Recreation staff to act for me according to their best judgment in any emergency requiring medical attention in the event that I cannot be located. In case of injury I understand that I am responsible for all financial liabilities.

Parent
Signature _____ Date _____

