

Town Of Cairo  
Summer Recreation Program Registration

Age as of July 1, 2018 \_\_\_\_\_ DOB \_\_\_\_\_ Grade entering in the Fall \_\_\_\_\_

Child's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Emergency Contact Information during Camp Hours:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Is there anyone who may NOT pick-up your child?

Name(s) \_\_\_\_\_  
\_\_\_\_\_

Any serious allergy or condition we should be aware of? \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Information:

Insured Name \_\_\_\_\_ Provider \_\_\_\_\_

Phone \_\_\_\_\_ Group ID \_\_\_\_\_

I \_\_\_\_\_, being the parent/legal guardian of \_\_\_\_\_, do hereby consent to her/his participation in the Town of Cairo Summer Recreation Program, including all off-site Field Trips.

\_\_\_\_\_  
Parent/Legal Guardian Signature

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\* I do NOT want my child photographed for local newspaper articles and displays at local events.

\_\_\_\_\_  
Parent/Guardian Signature