

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

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

Parent/Guardian Signature