

Town Of Cairo  
Summer Recreation Program Registration

Age as of July 1, 2019\_\_\_\_\_ 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 pickup 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

