

Cairo Summer Recreation Program

July 6th - August 12th

2022 Registration Packet

Child's Name _____

Date of Birth _____ Grade entering in the fall _____

Address _____

Parent/Guardian Contact

Name _____

Address (if different from child)

Phone _____ Cell Phone _____

Email _____

Authorized Pick up and Emergency Contact

Name _____

Relationship to child _____

Phone _____

Cell Phone _____

Name _____

Relationship to child _____

Phone _____

Cell Phone _____

Child's Medical Information**

Insurance Group Name _____ Insurance ID number _____

Physician's Name _____ Phone _____

List any allergies, medical conditions, or other conditions, such as behavioral or anxiety disorders of which counselors should be made aware. Use a separate sheet if necessary.

****Provide copy of child's current immunization record**

I give permission for my child to ride their bike*, walk, or skate* on their own to Cairo Summer Recreation. *helmet must be worn

Yes

No

I give permission for my child to be photographed for local newspaper articles and displays at local events.

Yes

No

I _____, being the parent/guardian of _____, consent to her/his participation in the Cairo Summer Recreation Program, including all off-site field trips.

Parent/Guardian Signature