

TOWN OF FRANKLIN Summer Youth Park Program Registration

Child's Name: _____ Age: _____

Date of Birth: _____ Grade Entering in Sept. _____

Parent's/Guardian's Names: _____

Home Address: _____

Residency: _____ Town of Franklin
_____ Town of Santa Clara
_____ Town of St. Armand
_____ Town of Brighton
_____ Town of Harriestown
_____ Town of North Elba
Other, please indicate: _____

Home Phone #: _____

Phone # where parent/guardian can be reached during Park hours: _____

Emergency Contact (if parent/guardian cannot be reached at above numbers):

Name & Number _____

Allergies or Special Conditions child has that we should be aware of (such as seizures, bee stings, asthma, or food allergies): _____

Use of Neosporin Ointment, as needed.... _____ yes _____ no

Person, or Persons, having permission to deliver and pick up my child (other than parents/guardians), include phone #'s: _____

I understand that the hours of this Program will be from 9:00am-2:00pm. I will let the Director know in advance, if special arrangements need to be made in regards to my child being dropped off or picked up. I also agree to indemnify and hold harmless the Town of Franklin from any and all claims or demands by myself, my family and any third party accruing or arising out of use of said Town property and equipment during the summer recreation program.

Signature & Date _____

(Relationship to Child) _____

****The N.Y. State Health Department requires that we keep a copy of your child's shot records on file. Please be sure to bring an updated copy, with this form, when your child first attends the Program.

Thank you for your cooperation!

*The Town of Franklin requires ALL Campers 12⁺ to be fully Vaccinated against COVID-19

SUNSCREEN/BUG SPRAY PERMISSION

I _____ (parent/guardian name) give permission for my child, listed below, to carry FDA approved, over-the-counter, _____ sunscreen and/or _____ insect repellent to the ~~2019~~ Town of Franklin Summer Youth Program.

~~If my child asks for assistance, the staff has my permission to reapply _____ sunscreen and/or _____ insect repellent as needed, for the purpose of avoiding overexposure to the sun and bug bites.~~

Signature of Parent/Guardian:

Date: _____