

# 2010 Mayfield Summer Recreation Registration

**Dates: Monday – Friday (Tues) July 6 – August 6th**

(Beach Days are Tuesdays/Thursdays . . . Noon to 3pm)

Student Name: \_\_\_\_\_ Grade in the fall: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

T-Shirt Size: Please Circle      Child    sm    med    Lg    XL  
Adult    sm    med    Lg    XL

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**Parent/Guardian Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ (between 9:00am – Noon)

**Emergency Contacts if Parent/Guardian can not be reached**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

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Does your child have permission to walk home from the program?      Yes/No  
Is there specific pick up instructions for you child? (describe on back if yes)      Yes/No

A calendar will be distributed on July 6<sup>th</sup>.  
If you have any questions call **Eileen Rovito @ 661-8203**.

\* Beach Days are tentatively set for Tuesdays & Thursdays.

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**Medical Release/Health Form**

Does your child have any specific medical needs? (Serious allergies such as bee stings, peanuts, etc., seizure disorders, asthma, diabetes, or others that we should be aware of)

Yes / No    If yes, please note below. Include possible care required by our staff.

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In the event of a medical emergency the Mayfield Summer Recreation staff members are directed to call 911 and have students transported to Nathan Litteaur Hospital for care. My signature below gives the Director of the Summer Recreation Program permission to share medical information with the staff and medical personnel for the safety of my child and allow the staff and medical personnel to provide appropriate care. I attest that all information provided is true and accurate.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

