



F.E. RECREATION DEPARTMENT PROGRAM REGISTRATION FORM

VILLAGE OF FORT EDWARD

118 Broadway, P.O. Box 345, Fort Edward, N.Y. 12828
Phone (518) 747-4023 • Fax (518) 747-0476 • Park Phone (518) 747-3005
www.villageoffortedward.com

Child's Name _____ Home Phone _____
Last First Date of birth / Grade in Fall

Address _____ Cell Phone _____
Street City St Zip

FE Resident? YES _____ NO _____

PARENT CONTACT

Name _____ Phone _____ Employer _____

Address _____
Street City St Zip

HEALTH & MEDICATIONS

1. Insect Bites _____ Bees _____ Uses EpiPen YES _____ NO _____
Reaction Type Reaction Type

Additional Information _____

Child Takes Medications List medications and reason for use _____

2. Is there any factor that makes it advisable for your child to follow a limited program of physical activity? i.e. Heart condition, recent fractures, surgery, asthma or extreme fears? Please describe.

3. Insured Name _____ DOB _____ Group # _____
Physician Name & # _____ Ins. Carrier _____ Policy # _____

AUTHORIZED PICKUP & EMERGENCY CONTACT INFORMATION (PLEASE LIST IN ORDER OF PREFERRED CONTACT)

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Bus transportation for field trips will be arranged through the Village of Fort Edward. Pick up & drop off will be at the Fort Edward School.

PERMISSION SLIP

I _____ (parent/legal guardian) do hereby give _____ (child) permission to attend the Fort Edward Recreation summer program field trips.

In addition, I do hereby covenant and agree to release and hold harmless the Village of Fort Edward from and against any and all liability, loss, damages, claims or actions (including costs and attorney fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of participation in the field trips.

Furthermore, I understand the FE Recreation Dept. may photograph or videotape the events or activity in which my child is participating. I give my permission for the Recreation Dept. to use photographs or videotape of me and or my child for the purpose of promoting the FE Recreation Dept. on its Facebook page, Flyers and/or FE website. I give my permission with the following understanding: No compensation of any kind will be paid to me (or my child) at this time or in the future for the use of my or (my child's) likeness.

By signing below, I hereby acknowledge and accept the above statements.

(Signature)

(Date)