

Town of Southampton Parks & Recreation

Red Creek Park - 2020

**SUMMER FUN
PLAYGROUND PROGRAM
WAIVER & REGISTRATION**

**HEALTH
PROBLEMS**

(Please check this box
and describe under #1)
below)

(Please PRINT the following information)

Child's Name: _____

Parent/Guardian's Name: _____

Address: _____

Phone: Home _____ **Cell** _____ **Work** _____

Child's Age: _____ **Date of Birth:** _____

School: _____ **Grade Just Completed:** _____

EMERGENCY CONTACT (other than Parent)

Name: _____ **Phone:** _____

1. Does your child have any health problems, allergies or special needs that we should be aware of?

If so please specify: _____

2. What type of transportation will your child have? Please list below

(example: Parent, Grandparent, walk, bike, etc)

***PLEASE NOTE:** If anyone other than a parent or legal guardian will be picking up your child from camp, please list his or her name(s). Individuals must be prepared to show I.D.

Name(s): _____

I, by my signature, do agree and understand that anyone who participates in a program sponsored by the Town of Southampton Parks & Recreation Department do so at their own risk. I further understand and agree that I have checked all program descriptions and I am sure that my child's physical condition and skill dictate that participation may be done safely.

Should my child become injured or ill due to Covid 19 while participating in this program, I understand that the Town of Southampton or its agents shall not be liable for any injury, either personal or to property, or any expenses, costs, or other damages that may be associated therewith.

Parent/Guardian's Signature: _____ **Date:** _____