

**Bay County Summer Recreation Program
Program Participants Ages 5-12
Child Information Record 2011**

Dear Parent/Guardian,

Date: _____

We welcome your child's application for the Summer Recreation Program. This program is intended for children who are between five and twelve years of age as of June 13, 2011. **A birth certificate is required for proof of age. No child older than twelve years of age will be admitted into the program. An application fee of \$100.00 is required.**

Last: _____ First: _____ Middle: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

School Attending: _____ 2010/2011 Grade/Placement: _____

Age: _____ Birth Date: _____ Number of persons in your family: _____

Father's/Legal Guardian's Name

Mother's/Legal Guardian's Name

Home Address (if not child's address)

Home Address (if not child's address)

City/State/Zip

City/State/Zip

Home/Cell #

Home/Cell #:

Email Add:

Email Add:

Employer/School Name

Employer/School Name

Address (Employer/School)

Address (Employer/School)

City/State/Zip

City/State/Zip

Employer/School Phone:

Employer/School Phone:

Emergency Contacts

Name: _____ Relationship to child: _____ Phone: _____

Name: _____ Relationship to child: _____ Phone: _____

Name(s) of person other than parent or legal guardian to whom child may be released:

Name/Phone: _____ Name/Phone: _____

My child has permission to walk home from the program: Yes _____ No _____

My child _____ is in good health and free from communicable diseases. Yes ___ No ___

If no, please explain any medical/physical problems or activity restrictions: _____

(Signature of Parent or Guardian) (Date Signed)

Please Initial one:

_____ I do give permission to **Bay County Recreation Program** to secure emergency medical and/or emergency surgical treatment to the above named minor child while in care.

_____ I do not give permission to **Bay County Recreation Program** to secure emergency medical and/or emergency surgical treatment to the above named minor child while in care.

(Signature Parent or Guardian) (Date Signed)

Child's Physician or Health Clinic. Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Hospital Preferred for Emergency Treatment: _____

Health Insurance Policy Name and Number: _____

Allergies, if any: _____ Date of last tetanus shot: _____

I hereby give my permission to the **Bay County Recreation Program** for my child to be transported in a vehicle and/or participate in field trips.

(Signature of Parent or Guardian) (Date Signed)

I hereby give my permission to the **Bay County Recreation Program** for my child to participate in swimming/pool activities.

(Signature of Parent or Guardian) (Date Signed)