

TOWN OF HUNTINGTON
REGISTRATION FORM FOR PERSONS WITH DEVELOPMENTAL DISABILITIES
SATURDAY RECREATION PROGRAM – 10 AM TO 2 PM

NAME _____
Last First M.I.

ADDRESS _____
Street Town Zip

HOME TELEPHONE # _____ EMERGENCY # _____
(Other than Home #)

EMAIL _____

DATE OF BIRTH _____ AGE _____ SEX _____

HEIGHT _____ WEIGHT _____ EYE COLOR _____

DOES THE PARTICIPANT LIVE IN A GROUP HOME? ___ Yes ___ No

NAME OF PARENT/GUARDIAN/RESIDENCE MANAGER/CARE PROVIDER

INFORMATION

School or Program Attending _____

Where Employed _____

Please indicate disability: _____

MEDICAL INFORMATION

Medication () Yes () No Type _____

Is medication administered on a daily basis? () Yes () No

Seizures () Yes () No Type _____

Doctor's name _____ Phone # _____

PARENTAL PERMISSION/PUBLICITY RELEASE

I do grant permission for my child's_name & picture to be included in publicity, press releases and newspapers describing the Huntington Parks & Recreation Dept. Program for the Developmental Disabilities.

Date

Parent/Guardian Signature

PARENTAL TRIP PERMISSION RELEASE

I do hereby give permission for my son/daughter to go on all field trips taken during the year. There is no medical/accident insurance available. If there are any trip restrictions such as beach, zoo, etc.-- Please indicate.

Date

Parent/Guardian Signature

WAIVER FOR PARTICIPANT: In consideration of your accepting this registration, I hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages, I or my child may have against the Parks and Recreation Department, Town of Huntington and its representatives, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups.

Signature _____ Date _____

FOR OFFICE USE ONLY

Recreation ID card # _____

Expiration Date _____

Registration Fee: Amount Paid _____ Cash _____ Check # _____

Activity Fee: Amount Paid _____ Cash _____ Check # _____

Received By _____ Date _____