



Vernon Parks and Recreation
R.E.K. • Vacation Camp • Morning Club
 2017-2018

Child's Information

	Child's Name	Date of Birth	Gender	Grade	School
A					
B					
C					

Head of Household's Information

(The Head of Household will be the first person used as Emergency Contact and is responsible for all billing matters)

Name		Date of Birth
Address		
E-mail		
Place of Work		Work Phone #
Work Address		
Home Phone #		Cell Phone #

R.E.K. • Morning Club Schedule

Start Date: _____

Please circle days needed: M T W Th F Notes: _____

Emergency Contacts

Name	Relationship to Child	Phone Number	Authorized to Pick Up (Y/N)

Child's Name: _____

*Vernon Parks & Recreation staff are **not** permitted to administer any medications except for Epi-pens in the case of a life-threatening allergic reaction. Please note the school nurse leaves at the end of the school day, so program staff does NOT have access to Epi-pens or inhalers kept in the nurse's office.*

Allergies

Special Medical Notes

Please use this space for any other information that will help our staff care for your child

The undersigned parent or guardian does grant permission to the named individual to participate in the Vernon Parks and Recreation Department's REK After School, Vacation Camp, or Morning Club program. The undersigned does hereby waive, absolve, indemnify and agree to hold harmless the Town of Vernon, the Parks and Recreation Department, the Vernon Board of Education and all other sponsors and supervisors of the above said program. As a parent or guardian of the above participant, I realize there are inherent risks involved in physical activity. Pictures taken of my child may be used for publicity by the Town of Vernon.

Signature of Head of Household

Date

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www.vernonrec.org