



**Christine Collins**

**Director, Parks and Recreation**

**Granite State Track and Field Committee Chair**

Email: parksdirector@wolfeboronh.us

**Justin Chaffee**

**Assistant Director, Parks & Recreation**

Email: parksassistantdirector@wolfeboronh.us

Wolfeboro Parks and Recreation

390 Pine Hill Road

P.O. Box 629

Wolfeboro, NH 03894

## 2017 Wrec Emergency Form

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Parents/Guardian Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

People allowed to pick up my child\*:

Phone Number:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*Anyone picking up a camper will be asked to show an ID

Emergency Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

( ) I give my child permission to sign in/out and walk/ride their bike to/from Summer Day Camp.

( ) I do **NOT** give my child permission to sign in/out and walk/ride their bike to/from Summer Day Camp.

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

Date

Allergies, Disabilities, or illness that would affect participation (PLEASE INCLUDE FOOD ALLERGIES): Yes ( ) No ( )

Please explain:

\_\_\_\_\_

Is your child currently on any medication: Yes ( ) No ( )

If yes, what and when does it need to be taken:

\_\_\_\_\_

Swimming Ability: \_\_\_\_\_

The Wolfeboro Parks & Recreation Department has permission to use photos in which my child appears: Yes ( ) No ( )

Your child (ren) will be in the sun most of the day while they are at camp and on field trips. By signing below you are recognizing that the staff of Wolfeboro Parks & Recreation will not apply sun block for your child. Each child should be taught how to apply sun block correctly and will bring sun block to camp with them to apply throughout the day. We will however, remind/monitor the campers roughly every two hours to re-apply the sun block.

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian signature

Date

