**Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_sex\_\_\_ d.o.b\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Must be a Village or Town of Coxsackie resident*. Please check one Village\_\_\_\_\_\_\_\_Town\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ grade in fall\_\_\_\_\_\_\_\_\_Volunteer (7th-9thgr) Yes No\_\_\_\_**

**Any food / allergies or other considerations\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your child carry or require the use of an Epipen\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Inhaler\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is your child on medication \_\_\_\_\_\_\_ Please state medication\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_phone\_\_\_\_\_\_\_\_\_\_\_\_\_email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In the event that I may not be reached please call:**

**1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please Check one: My child will be picked up by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_phone: \_\_\_\_\_\_\_\_\_\_**

**My child has permission to walk home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program participation: I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission for my child\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the Village of Coxsackie Summer Rec Program activities on site as well as field trips planned in our community by bus/walking.**

**Medical Release In the event that I cannot be reached, I hereby give permission for my child to be examined and/or treated at the nearest hospital or the one that I have stated:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHOTO RELEASE PLEASE CHECK ONE AND SIGN BELOW**

**\_\_\_\_\_\_\_I give permission for my child to be photographed during the Summer Rec program. I understand the photos may be released to local newspapers/ media, Village Website, Coxsackie Summer Programs for Kids 2017\ Facebook page (invite only) and used to create a photo sideshow for the last day of Summer Rec (7/27) and the Coxsackie Family Outdoor Movie Night At Riverside Park (TBA)**

**\_\_\_\_\_\_\_I do not give permission for my child to be photographed.**

**Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**