

SUMMER CLUB 2011 APPLICATION

Child Name _____ **Telephone ()** _____

Home Address: _____

Child's Grade entering in September 2011 _____

Mother's Name

Father's Name

Address:

Address:

Business () _____

Business () _____

Cell () _____

Cell () _____

E:mail address: _____

Emergency Contacts:

_____ **Home:** _____ **Cell:** _____

_____ **Home:** _____ **Cell:** _____

UPON PICK UP IDENTIFICATION MUST BE PRESENTED

Name: _____

Relationship: _____

Telephone Number () _____

Name: _____

Relationship: _____

Telephone Number () _____

Name: _____

Relationship: _____

Telephone Number () _____

Maywood Medical Information Release Form

Name of Child: _____ Grade in 9/2011 _____

Physician: _____

Business Number: () _____

Health Insurance Company: _____

Policy ID Number: _____

Allergies: _____

Please list any medical problems, conditions, disabilities or medication your child is taking:

I (Print) _____ authorize the Maywood Recreation Department to use their best judgment for emergency treatment or in sending my child _____ to the hospital for advanced medical treatment, if a parent / guardian cannot be reached.

Signature: _____ Date: _____

In case of emergency, please call _____

TRANSPORTATION RELEASE

Child's Name: _____

I, (print) _____ give permission for my child to walk (weather permitting) or use the Borough of Maywood Shuttle Bus as necessary.

Signature: _____ Date: _____