WASHINGTON TOWNSHIP SUMMER RECREATION PROGRAM

Check the correct week(s):	Session A July 9-13	Check #
_	Session B July 16-20	
_	Session C July 23-27	
Student's Name		Grade Completed in 2017-2018
Address		Home phone
Mother's Name		
Father's Name		
I give permission for my child	to walk or bike to and from the J	program (initials)
Parent or guardian will bring	and pick-up child (initia	als)
*Notes will be required if child	is picked-up by someone other tha	un parents or guardians.
List one neighbor or nearby re	elative who will assume temporar	ry care of your child if you cannot be
reached:		
Has the student been advised b	y a doctor against participating	in physical activities?
If "YES", please give a reason		
Is the student under a doctor's	care? If "YES", please	e explain
Is the student on medication?	If "YES", please list medi-	cation(s):
Does the student have any alle	rgies? if so, please 6	explain here:
Physician's Name:		
Physician's Office Address: _		
Washington Township Summe and observance of rules, injuri Program Coordinator contact Coordinator to call the physici contact the physician, the Coordinator to be responsible for all medica	er Recreation Committee. I acknows ies are a possibility. In case of action me. If the Coordinator is unable ian listed above and to follow his redinator will make whatever arra	mmer program sponsored by the lowledge that even under strict supervision cident or serious illness, I request that the eto reach me, I hereby authorize the her instructions. If it is impossible to angements are necessary. I further agree the total of my child. In addition, I give e newspaper.
Signature of Parent/Guardian: _		Date:
Make checks payable to "WASH	INGTON TOWNSHIP SUMMER I	RECREATION PROGRAM"

(No refunds can be given after July 1, except for documented medical reasons.)