Johnston Parks and Recreation Department

Summer Day Camp 2021

Paid: _____Cash ____ Check _____ Check # _____ Date _____ Received By _____ Group_____
For Recreation Use Only

Child's Name: _____ DOB:_____ Age:_____

Parent/Guardian Name: _____ Phone #_____

Address: _____ E-Mail Address: _____ Relationship_____

Does the child have any medical issues the staff should know about? Yes___ No___ If yes, please explain

_____

Please note any other information/concerns the staff should be made aware of

_____

_____

Will anyone else be picking up the child and can be contacted in case of emergency? Yes____ No____

Name _____ Phone # _____ Relationship_____

Address: _____ E-Mail Address: _____

Name _____ Phone # _____ Relationship_____

Address: _____ E-Mail Address: _____

Johnston Recreation Department – Recreation Activities

Pursuant to the Rhode Island General Laws S7-6-22, I/we the parent(s) of the above named boy/girl, who is a candidate for a position on a Johnston Recreation Department Activity, hereby give my/our approval to his/her participation in any and all of the activities during the current season.

I/we assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities; I/we do further hereby release, absolve, indemnify and hold harmless the Johnston Recreation Department, the organizers, sponsors, and the supervisors, and or all of them.

In case of injury to I/we hereby waive all claims against the organizers, the sponsors, or any of the supervisors appointed by them. I/we will furnish a certified birth certificate of the above named candidate upon request of the league officials.

The undersigned specifically acknowledge that a risk of injury exists and assume said risk with respect to practicing for or participating in any contact or exhibition or an athletic or sports matter sponsored by the Johnston Recreation Department.

Signature:_____