

PARKS & RECREATION DEPARTMENT

Mack Building, 25 Shattuck St.

Lowell, MA 01852

REGISTRATION/PERMISSION FORM

PLEASE USE PEN & PRINT CLEARLY

Program Registering For: _____ One Form for each Child and for each program.

PARTICIPANT'S NAME: _____
(First) (Middle) (Last)

Address: _____ City: _____ Zip Code: _____

Home Number: _____ Work Number: _____ Cell Phone Number: _____

Sex: M _____ F _____ Date of Birth: _____ Age: _____

For program updates by e-mail enter your e-mail address here: _____

Medical Information:

THE FOLLOWING INFORMATION MUST BE DIFFERENT THAN STATED ABOVE

Emergency Contact: _____
(Name) (Relationship)

(Address) (Telephone)

Family Doctor: _____ Medical Insurance Co.: _____

Telephone: _____ Policy #: _____

Please Answer all of the Following Questions

1. Are there any activities that would be harmful to your child's physical or emotional health? Yes: _____ No: _____
If yes, explain: _____

2. Does your child take any kind of medication? Yes: _____ No: _____
If yes, explain: _____

3. Is your child allergic to any medication? Yes: _____ No: _____
If yes, explain: _____

4. Does your child have any medical problems our staff should be aware of? Yes: _____ No: _____
If yes, explain: _____

I hereby give the person mentioned above permission to participate in the 2008-2009 Fall/Winter programs conducted by the City of Lowell Parks and Recreation Department. Permission is also Granted for that person to travel to any school, trip, etc. for play or special programs that are offered. The Lowell Parks and Recreation Department **IS NOT RESPONSIBLE** for any injury or accident that may occur either during the course of this program or due to falsification of any information on this form.

I hereby give permission for emergency medical treatment to be administered to the person mentioned above by qualified medical personnel.

Parent/Guardian Signature: _____ Date: _____
(REQUIRED FOR CHILD'S PARTICIPATION)

Permission Form for Video (OPTIONAL):

I give the Lowell Parks and Recreation Department permission to video tape any program that child, guardian or adult takes part in, also to take pictures of my child to be used for promotional or bonus materials.

I hereby agree to recording of the voice, appearance, activities and any participation of any program that child, guardian or adult is involved in. **I am also aware that the videos may appear on television, and the pictures may end up on the Parks and Recreation Department Website.**

Parent/Guardian Signature: _____ Date: _____