



Day Camp



Name: _____ Age: _____ Birthdate: _____

Male: _____ Female: _____ Parents/Guardians: _____

Address: _____ City: _____ Zip: _____

Telephone: (Day) _____ (Night) _____ (Cell) _____

Email Address: _____

In case of emergency, contact: _____ Phone: _____

Relation to child: _____

Do you have medical insurance? Yes: _____ No: _____ If yes, please list: _____

Does your child have any medical conditions that we should be aware of? yes: _____ no: _____

If yes, please describe: _____

The Day Camp will go to the City Pool to swim Monday-Thursday, is your child able to swim?

yes: _____ no: _____

T-shirt Size: (Circle One)

Youth Small (6-8) Youth Medium (10-12) Youth Large (14-16)

Adult Small Adult Medium Adult Large Adult X-Large

I/We, the parent(s)/guardian(s), give our permission for our child to participate in the Summer Day Camp and Field Trips taken during the Summer Day Camp Program. As a participant in the Summer Day Camp Program, I/We agree to hereby hold harmless and indemnify the Glasgow Recreation Department, the City of Glasgow, all employees, sponsors, officials, coaches and instructors from and against any and all claims, suits, actions, damages, losses, and/or causes of action arising from participation in and traveling to and from Summer Day Camp, from and against any personal injury, loss of life, property, and/or damage to property sustained in or about the said premises, and from and against all costs, expenses and liability incurred in and about any such claims, the investigation thereof or the defense of any action or process brought thereon and from and against any orders and/or judgments that may be entered therein. I/We also agree to abide by all rules and regulations promulgated by the Glasgow Recreation Department in the Summer Day Camp. I/We are fully aware that I/We are responsible for my child's actions while participating and am aware that it is within the rights of the Glasgow Recreation Department to prohibit any child from further participation due to inappropriate behavior. I/We further attest and verify that I am physically fit and have sufficiently trained for participation in this program. Further, by signing this agreement, I/We are hereby giving the Glasgow Recreation Department permission to use photographs of participants for publicity purposes.

Signature of Parent/Guardian: _____

Fee: \$25 for 1st child, \$20 for each additional child from the same household.

Number of children registered from your family: _____ Date Paid: _____ Cash: _____ Check: _____