

NORTH HAVEN DEPARTMENT OF COMMUNITY SERVICES AND RECREATION
HEALTH/WAIVER FORM

PROGRAM NAME _____ SITE _____ SESSION _____
NAME OF CHILD _____ DATE OF BIRTH _____
NAME OF PARENT/GUARDIAN _____
ADDRESS _____ HOME PHONE _____
SCHOOL AND GRADE COMPLETED IN JUNE _____ WORK PHONE _____

In the event of an emergency, list name, addresses, and phones of parent, guardian, or another responsible individual available during the program hours:

NAME _____ RELATIONSHIP TO CHILD _____
ADDRESS _____ PHONE _____

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ADDRESS _____ PHONE _____

CHILD'S PHYSICIAN: _____ PHONE _____

CHILD'S DENTIST: _____ PHONE _____

HOSPITAL OF CHOICE: _____

I give permission to the staff of the Department of Community Services and Recreation to administer emergency first aid and in the event it becomes necessary to transport my child by ambulance to the hospital listed above.

Please list any medical and/or physical condition, which may affect your child's activities or require us to modify activities appropriately. Identify any special needs, i.e. visual or hearing impairment, learning disability, etc. _____

The Department will not administer medication. A child will be allowed to have an inhaler or epipen to self-administer. The child must be trained and capable of self-administering because the staff is unauthorized to administer any medication.

(*Please be sure to sign here and below)

**Signature of Parent or Guardian*

WAIVER, HOLD HARMLESS

The undersigned individual and/or as parent or legal guardian of the above named child do hereby agree to waive, release and hold harmless the Town of North Haven and its agents and employees from any and all causes of action including personal injury and property damage resulting from participation in the above named program. The North Haven Recreation Department may videotape or take pictures of participants enrolled in recreation activities, classes or programs. These photos and/or videotapes may be used for promotional purposes. I will allow my child's name, likeness and photographs for the purposes of publicity in any media.

****Please place your initials next to the statements, which apply to your child.****

SWIMMING

___ I give permission for my child to participate in swimming at the Walter J. Gawrych Community Pool.

Please indicate your child's swimming ability.

___ Swimmer (child can swim a minimum of one pool length unassisted)

___ Beginner (can swim without assistance, but may need it at times)

___ Non-Swimmer (needs flotation device)

___ I do **not** give permission for my child to swim.

TRANSPORTATION (DOES NOT APPLY TO DAY CAMP)

___ I hereby give my child permission to walk or ride his/her bicycle to and/or from the program site and understand that it is my child's responsibility to sign him/herself in and out of the program each day or portion thereof. The Department of Community Services and Recreation is not responsible for my child while he/she is on their way to/from the program site.

___ I will transport my child to/from the program in my own vehicle.

My signature constitutes agreement with the information as indicated above.

Date

**Signature of Parent or Guardian*