

Town of Lexington
SUMMER 2016 CAMP & CLINIC
EMERGENCY INFORMATION AND HEALTH FORM

PLEASE RETURN PROMPTLY TO:
Lexington Recreation and Community Programs
1625 Massachusetts Avenue
Lexington, MA 02420

CHILD'S NAME _____

CHILD'S DATE OF BIRTH _____ Last _____ First _____ Middle Initial _____
AGE _____ MALE ___ FEMALE ___ FALL 2016 GRADE _____

ADDRESS _____ ZIP _____

HOME # _____ CELL # _____ EMAIL: _____

MOTHER (OR GUARDIAN) _____ WK # _____ CELL # _____

FATHER (OR GUARDIAN) _____ WK # _____ CELL # _____

EMERGENCY INFORMATION: If a parent is not available, please notify:

NAME _____ RELATIONSHIP TO CHILD _____

ADDRESS _____ PHONE# _____

BUSINESS PHONE # _____ CELL # _____

FAMILY PHYSICIAN _____ PHONE# _____

DENTIST / ORTHODONTIST _____ PHONE# _____

INSURANCE CARRIER _____ POLICY# _____

HEALTH HISTORY:

Please fill out the information below. You **MUST ALSO** attach a copy of your child's immunizations and physical record to this form.

IMMUNIZATIONS: Please list dates and **attach a copy of the signed Physician/Immunization Report**

Measles/Mumps/Rubella _____

DPT/TOPV _____

Tetanus _____

Tuberculin Test (most recent date & results) _____

Other Immunizations _____

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS THAT THE LEADERS NEED TO BE AWARE OF? IF YES PLEASE EXPLAIN. _____

WHAT SPECIFIC ISSUES RELATING TO PARTICIPANT'S SOCIAL BEHAVIOR AND EDUCATIONAL DEVELOPMENT SHOULD STAFF BE AWARE OF? IN CLUDE FOOD ISSUES, FEARS, INTERESTS, ETC. _____

PLEASE FILL OUT SIDE 2

HEALTH HISTORY CONTINUED:

DOES THIS CHILD HAVE ANY ALLERGIES? (Please specify)

DOES THIS CHILD HAVE ANY MEDICAL PROBLEMS REQUIRING SPECIAL ATTENTION? (Please specify)

Please check box and/or circle which program or programs you will be attending.

<u>Program</u>	<u>Dates</u>	<u>Locations</u>
<input type="checkbox"/> Challenger British Multi-Sports Clinic	July 11th–15th	Center Recreation Complex
<input type="checkbox"/> Challenger British Soccer	August 1st–5th	Diamond Middle School Field
<input type="checkbox"/> Challenger British Soccer	August 8th–12th	Diamond Middle School Field
<input type="checkbox"/> Discover the Fun Camp (please circle each week)	June 27th; July 5th, July 11th; July 18th; July 25th; August 1st; August 8th; August 15th	Lexington High School
<input type="checkbox"/> Elite Soccer Camp/Advanced Elite Soccer Camp	July 11th-15th	Diamond Middle School Field
<input type="checkbox"/> F.A.S.T. Athletics Flag Football	August 22nd–26th	Center Recreation Complex
<input type="checkbox"/> Skyhawks Multi-Sports Clinic	August 22nd–26th	Center Recreation Complex
<input type="checkbox"/> Skyhawks SNAG Beginner Golf	July 11th–15th	Lexington Community Center
<input type="checkbox"/> Thundercat 3-Sport Clinic	July 18th–22nd	Center Recreation Complex
<input type="checkbox"/> Thundercat Dodgeball & Sports	June 27th–July 1st	Center Recreation Complex
<input type="checkbox"/> Thundercat Flag Football	July 25th–29th	Diamond Middle School Field
<input type="checkbox"/> Thundercat Flag Football	August 15th–19th	Diamond Middle School Field
<input type="checkbox"/> Thundercat Kiddie Cat Jam (please circle each week)	June 20th; July 5th; July 11th;	Center Recreation Complex
<input type="checkbox"/> Viking Basketball Camp	August 22nd–26th	Center Recreation Complex
<input type="checkbox"/> Viking Multi-Sports Camp	August 15th–19th	Center Recreation Complex

PERMISSION: Parents, please read and sign the Medical Consent and Release of Liability below to complete registration.

I/We, the parent(s)/guardian(s) of _____, a minor, do hereby consent to his/her participation in the Town of Lexington **Department of Recreation and Community Programs** sponsored programs, pictures to be taken of my/our child for advertisement or promotion of programs and to his/her use of the recreational facilities and equipment of the Town of Lexington. I/We further agree to release and save harmless the Town of Lexington, its officers, employees, agents, and attorneys from any and all liability or expenses arising out of any incident involving, or on account of any injury to the above named minor in connection with such program, hereby give permission to the Town of Lexington Department of Recreation and Community Programs staff to provide and administer immediate first aid and authorize a physician at a local hospital to secure proper treatment for my/our child as named above if the need arises.

As the undersigned parent/guardian I understand that no confirmations will be mailed and no refunds will be given after the start of the program. Further, this verifies that the participant is up to date with their immunizations and is able to participate in all activities.

Signature _____ Print Name _____ Date _____

NOTE: This EMERGENCY INFORMATION / HEALTH FORM MUST be returned to the Recreation office a **minimum of 14 days** prior to the start of the program. Your child will not be allowed to participate in the program unless this form is on file and reviewed by the Lexington Health Department.

**Please return this form and a copy of your child's physical and immunization record to:
Lexington Recreation and Community Programs
1625 Massachusetts Avenue, Lexington, MA 02420 (mailing address) or bring it to the
Lexington Community Center, 39 Marrett Road, Lexington MA 02421**