



CANTON

PARKS & RECREATION

Inspiring People. Celebrating Community.

PARTICIPANT INFORMATION

Child's Name: _____

Eye Color: _____ Hair Color: _____ Age: _____ D.O.B: _____

Allergies _____

Physician: _____ Phone: _____

Health Conditions/Limitations: _____

PARTICIPANT RELEASE AUTHORIZATION

This release is valid for multiple sessions. If any of the names change below, please complete a new form. I give the Town of Canton, Department of Parks and Recreation permission to release my child to the following individual(s):

Parent/Guardian _____ Phone _____ Relationship _____

Parent/Guardian _____ Phone _____ Relationship _____

Other _____ Phone _____ Relationship _____

Parent/Guardian Signature

Date

I give permission for the staff to use hand sanitizer supplied by the Canton Parks and Recreation Department

Yes

NO

FIRST AID / MEDICAL CONSENT

I understand the staff at the Town of Canton, Department of Parks and Recreation are trained in the basics of first aid and authorize them to give my child first aid when appropriate. Further, I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical facility to secure necessary medical treatment for my child.

Name of Child (print)

Parent/Guardian Signature

Date