



# 2018 END-OF-YEAR-PARTY!



<b>PARENT/GUARDIAN NAME &amp; PHONE:</b>	Name: _____	Contact #: _____ (    )
<b>PARENT/GUARDIAN NAME &amp; PHONE:</b>	Name: _____	Contact #: _____ (    )
<b>FULL ADDRESS:</b>	Address: _____	City, State & Zip Code: _____
<b>EMAIL ADDRESS &amp; ADD'L PHONE:</b>	Email: _____	Phone #: _____ (    )
<b>EMERGENCY CONTACT:</b>	Name: _____	Contact #: _____ (    )
<b>LIST OF AUTHORIZED PEOPLE TO PICK UP YOUR CHILD</b>		

<b>Child's Last Name, First Name</b>		<b>Date of Birth</b>
<b>Age</b>	<b>Grade</b>	<b>Gender (Circle One)</b>
		M    or    F

**Fee: \$5.00 per child**

**MEDICAL INFORMATION:** Please complete all questions in necessary detail for your child's welfare and enjoyment.

Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Medications or Precautions necessary for the allergy? \_\_\_\_\_

Will your child be required to use an inhaler during program hours?    Yes: \_\_\_\_\_    No: \_\_\_\_\_

Medical Comments – \_\_\_\_\_

**AUTHORIZATION:** *I authorize that the above information is accurate and current, and all information has been filled out by the appropriate parties. In the event that I cannot be reached and an emergency occurs, I hereby give permission to the physician selected by the Town to hospitalize and secure treatment for my child. I understand that the Town of Ramapo does not offer accident insurance and my personal insurance bear's primary responsibility in case of an accident. I will allow photos for promotion.*

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Required-Parent/Legal Guardian)

\*Bring application and payment to the JTS Center or mail to  
 Ramapo Parks & Recreation Dept, 3 Palisades Credit Union Park Drive, Pomona, NY 10970  
**Must register by May 29<sup>th</sup>** Sign Up Now! Program will not run without minimum registration.