

## RYE BROOK RECREATION HEALTH AND REGISTRATION FORM

Please fill out form and return to the Recreation Department with a check. **Questions 1 through 7 are to be completed by your child's physician and Questions 8 through 13 is to be completed by a legal guardian.**

LAST NAME	FIRST NAME	DATE OF BIRTH	AGE	SEX
ADDRESS	CITY/STATE	ZIP CODE	PHONE #	BUSINESS#
SCHOOL	Grade entering in Sept. 2023	E-MAIL		

**ALL CHILDREN ATTENDING DAY CAMP MUST HAVE AN UP-TO DATE IMMUNIZATION RECORD THAT INCLUDES THE FOLLOWING (Immunization record may be attached):**

	<u>Date of shot</u>
1. Four or more doses of Diphtheria/Tetanus Toxoid.	___/___/___
2. Three or more doses of Oral Polio Vaccine or four or more doses of Inactive Polio Vaccine Salk given after 1968.	___/___/___
3. One dose of live Measles Vaccine given after 1 year of age.	___/___/___
4. One dose of live Mumps Vaccine given after 1 year of age.	___/___/___
5. One dose of live Rubella Vaccine given after 1 year of age.	___/___/___
6. Two doses given of Chicken Pox.	___/___/___
7. Is the child taking any prescribed medication? If the answer is YES, what is the medication? Would your child be taking the medication during the camp day?	YES ___ NO ___ YES ___ NO ___

**Physician's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

8. Has your child had any recent operation or injury? If YES, please explain _____	YES ___ NO ___
9. Has your child been exposed to any communicable disease within the last 3 weeks? If YES, please list _____	YES ___ NO ___
10. Please list food, which your child is allergic to if any _____ Please list drug, which your child is allergic to if any _____ Is your child allergic to insect/bee bites?	YES ___ NO ___
11. Is there any emotional or physical disturbance? If YES, what treatment or care has been given? _____	YES ___ NO ___
12. Do you want your child to participate in our swim program?	YES ___ NO ___
13. Is there any reason why your child may not participate in any activities? If so, please explain _____	YES ___ NO ___

**FOR EMERGENCY USE:**

Parents' daytime numbers/names ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

If a parent cannot be reached: Name/Relationship \_\_\_\_\_

Telephone numbers ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Neighbor or relative who would know where a parent could be reached, or who would be able to pick up the child if necessary:

Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone ( - ) \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Address \_\_\_\_\_ Phone ( - ) \_\_\_\_\_

I hereby authorize my child/children whose name(s) appears above to participate in the above program/s sponsored by the Rye Brook Parks and Recreation Department. I hereby release the Village of Rye Brook, their servants, and employees from any liability for personal injuries or property damage sustained by my child/children, in connection with such participation. In case of injury, I authorize a Recreation Staff member to take my child/children to the hospital for treatment.

**Parent/Guardian's Signature** \_\_\_\_\_