

Camp DRC

Name _____ Birthdate _____ Grade _____ Sex _____

Parents _____ Phone (H) _____ (W) _____

Address _____ City _____ Zip _____

Email _____

Emergency Contact _____ Phone _____

Does your child know how to swim? YES NO

Do you give permission for your child to watch a PG rated movie?
YES NO

Please list any health condition or allergies your child may have _____

Please list others that are allowed to pick up this child _____

WAIVER FOR PARTICIPATION

_____ has my permission to attend field trips and be transported in DRC vehicles by the Derby Recreation Commission while attending Recreation Station.

In consideration of your accepting this entry, I hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims my child may have against the Derby Recreation Center, City of Derby or USD 260, and its representatives, successors and assigns for any and all injuries suffered by my child at any activities sponsored by these groups. Parent or Legal Guardian must sign for any child under 18 entering the program.

Signed _____ Date _____