

106 AIR RESCUE CHILDRENS DAY REGISTRATION FORM

CHILDS NAME _____

DATE OF BIRTH _____ AGE ____ Sex ____ Shirt Size _____

PARENTS NAME _____

ADDRESS _____

EMAIL ADDRESS _____

Home Number _____ CELL NUMBER _____

EMERGENCY CONTACTS:

Name _____

Relation to child _____ Phone Number _____

Destination for you July 15, if known, or tell us that day _____

Who will pick the child up after the event? _____

_____ (If on the day of the event, this information changes, you must notify Lisa D'Agostino or Jo Pettit (631-655-8281)

Family Physician _____ Phone Number _____

Child's allergies, especially food allergy to insecticide, or suntan lotion. If allergic to sun tan lotion, bring product used by the child.

Child's favorite food _____

Child's favorite drink _____

Child's favorite snack _____

Special Diet _____

Special diet concerns _____

Does the child have any medical problems we should know about (diabetes, seizure disorder, asthma etc: a nurse will be on site all day) _____

In order to plan the most fun day for the child tell us if your child likes the following activities by checking the activity.

Music _____ Animals _____ Arts and Crafts _____

Sports _____ (type) _____

Favorite Game _____

Favorite Television Program _____

Favorite Movie _____

Does your child wear: glasses _____ Hearing Aid _____ ?

Can the child swim? _____ (life guards will be present the entire day and ample lifejackets will be available)

PARENTAL CONSENT AND RELEASES:

1.

My child has permission to participate in District 7260

106th Air Rescue Children's at Camp Paquatuck.

Parents (Guardian) Signature

In consideration of the District 7260 and the Moriches Healthy Camp Inc, permitting my child to attend the Children's Day at Camp Paquatuck, I hereby WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS OF ANY Nature founded IN WHOLE OR IN PART UPON ANY TYPE OF NEGLIGENCE, that I or my child may have against the Rotary District 7260 or Moriches Rotary Health Camp Inc., its directors, officers, employees, counselelors, volunteers, agents, assignees and cooperating entities, their representatives, heirs, executors, administrators, successors and assigns arising out of or resulting from any and all injuries or damages of any nature, which my child may suffer while participating in this CHILDREN'S DAY . I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE ANY AND ALL PARTIES IN CONNECTION WITH MORICHES HEALTH CAMP AND DISTRICT 7260. I further understand that (I) (and my child) assume all risks in participating in this CHILDREN'S DAY.

This release shall be binding upon me, my (and my child's) heirs, executors, administrators, assigns (and all legal guardians of my child)

Print Name of Parent/Legal Guardian

Date _____

Signature of Parent/Legal Guardian

Relationship to Child

2.

I give permission for photos in which my child may appear to be used by Rotary District 7260, Camp Paquatuck and/or the 106th Air Rescue Unit in subsequent publicity of the event.

Signature of Parent/Legal Guardian

Date _____

Children should bring a change of clothes and a towel