

PORTSMOUTH RECREATION DEPARTMENT REGISTRATION FORM CAMP FUNSTUFF 2021

Name of Camper	Entering Grade	
Address	Age	Gender
Emergency Daytime Contact Information		
Mother's Name	Phone	
Father's Name	Phone	
Name of Friend or Relative we can contact	Phone	

SWIMMING ABILITY - Please check one of the following:

- NON-SWIMMER - cannot float or paddle on their own.
- BEGINNER - comfortable in chest deep water. Can paddle or swim around for a short distance.
- SWIMMER - can swim 40 yards of the overhand crawl.

MEDICAL INFORMATION

Does your child have any special needs? YES NO

If yes, please explain: _____

Are there any medications that need to be distributed during the day? YES NO

If yes, type and times taken _____

Does your child have any allergies to foods, medications, bites, etc.? _____

Is there anything else our staff should know that would help your child have a better camp experience? _____

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Recreation Department Use Only:	
Group:	

Voluntary Reporting For Federal Grants
(2021- Paid for tent in field)

Race/Ethnicity

- White Black/ African American Asian Hispanic/ Latino
- American Indian/ Alaskan Native Native Hawaiian/Other Pacific Islander

Multi-Race

- American Indian/ Alaskan Native and White
- Asian and White
- Black/ African American and White
- American Indian/ Alaskan Native and Black/ African American
- Other Multi - Racial

LIABILITY WAIVER / MEDICAL RELEASE

I, the undersigned, parent or guardian, do hereby agree to allow the individual name(s) herein to participate in the aforementioned activity and I further agree to hold the City of Portsmouth, NH and/or the Portsmouth Recreation Department harmless from and against any and all liability for any injury which may be suffered by the aforementioned individual arising out of his/her participation in this activity.

I, understand that in case of injury or illness, I will be notified. If it is impossible to contact me and if it is an emergency, I hereby give permission to the attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for the safety of my child.

I, the parent/legal guardian, the undersigned have read this release and understand all its terms. I execute this release voluntarily and with full knowledge of its significance. I have executed this release on this date indicated next to my name.

PHOTO CONSENT: I hereby grant the City of Portsmouth permission to use my child's likeness in a photograph, video, or other digital media without payment or other consideration. I understand and agree that all photos will become the property of the City of Portsmouth.

Date: _____

Signature of Parent or Legal Guardian ONLY

THIS SHEET MUST BE SIGNED FOR THE CHILD TO PARTICIPATE IN THIS PROGRAM