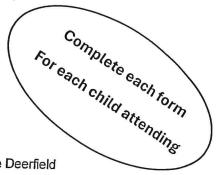
Town of Deerfield Recreation Program 6329 Walker Road Deerfield, New York 13502



Dear Parent/Guardian:

Your son/daughter has indicated a desire to participate in a program sponsored by the Deerfield Recreation Program.

The Town of Deerfield Recreation program does not provide medical insurance for the participants in the event of injury. Please understand that hospital or medical fees will be your responsibility through your own insurance.

Please understand that a statistical risk of injury exists in all outing events. All youth will participate at his/her own risk.

Please read, complete, and return this permission slip if you wish to have your son/daughter participate in The Deerfield Recreation program.

No one will be allowed to participate in any program event without a completed and signed permission slip.

Karen Day Recreation Director		
Date:		
Child's Name		
Has/have my permission to part	icipate in, and be transported by ch own of Deerfield Recreation Progra	artered bus to, Youth
Address:		
Home Phone #:	Cell phone #:	
Emergency Name & Phone #:		
Relationship:		
Doctor's Name:	Phone #:	-
TRANSPORT AND TREAT IN MED	S PERMISSION FORM INCLUDES A VES YOUTH PROGRAM STAFF PER ICAL EMERGENCIES. I FURTHER I EES WILL BE MY RESPONSIBILITY.	RMISSION TO
Signature of Parent/Guardian	Please Print Your Name:	Date

(turn over - please complete side 2)

(sum over = piease complete side 2)		
Additional Medical Information:		
Does your child(ren) have any allergies we should be aware of? (peanut allergy, other food allergy, bee stings, other environmental, etc.) YESNO If so, please list allergy:		
Does your child have any medical condition(s) we should be aware of? (diabetes, asthma, etc.) YESNO If so, please list child's medical condition(s):		
Is he/she currently taking any daily medications we should be aware of?YESNO If so, please list child's medication(s):		
Summer Youth Program Rules/Code of Conduct:		
I understand that the Deerfield Summer Youth Program is NOT intended to be used as Child Daycare.		
I understand that there will only be Program Supervision between the hours of 8:30 a.m. and 3:00 p.m. I understand that at any other time (before 8:30 a.m. and after 3:00 p.m.), there is no Youth Program Staff on site.		
I understand that it is my responsibility to provide lunch, ample beverages, proper clothing, and sunscreen for my child.		
My child and I understand that the following behaviors will NOT be tolerated, and that should any of these occur, I will be notified immediately and that my child's participation in this year's Summer Youth Program may be terminated.		
 Foul Language, Swearing, or Other Verbal Disrespect towards other children or counselors. 		
 Destruction or Disregard for Property. This includes program games & toys, items belonging to other children, as well as the park facilities. All children are expected to help with general clean up at the end of each day – picking up of toys, games, crafts. 		
3. Physical Violence - hitting, pushing, shoving, spitting, tripping, etc.		
 Proper Behavior on Field Trips. We expect all those that participate in a field trip conduct themselves properly and listen to Program Counselors. 		
Signature of Parent/Guardian Child's Signature		