TOWN OF MILFORD, MASSACHUSETTS
MILFORD YOUTH CENTER
MILFORD YOUTH COMMISSION
27 Congress St., Milford, MA 01757
(508) 473-1756 Phone

SUMMER CAMP 2015

DROP OFF 8AM - PICK UP 4pm / AGES – 8-14 / $135.00 PER WEEK /$50 DEPOSIT TO SECURE SPOT.

Extended Day Option 4-5 PM: $10/day

All final payments are due the Monday of the camp week attending

REQUESTED WEEK(S) (Please circle): 7/6–7/10, 7/13–7/17, 7/20-7/24, 7/27-7/31

SHIRT SIZE (Please circle): Youth L Adult S, M, L, XL

Participant's Name _____ Gender: Male Female

Birth date ____/____/_____ Age _____

Grade _____ School_____

Address _____

City _____ State MA Zip _____

Parent/Guardian's Name _____

PHONE #'S - (H) _____ (W) _____ (other) _____

Email: _____

Knowing that the physical condition of my child is satisfactory to participate at the Milford Youth Center and activities, I hereby give permission for him/her to participate. I understand that my child's name and photo may be used in photographs, videos, literature, web pages, and news releases in local papers and other media outlets. I further accept responsibility for my child in case of injury. I hereby release the Milford Youth Center and its Employees, the towns and their agents, and such other officers and/or volunteers from any liability that may occur to my child, as a result of an accident. I/We the parent(s)/guardian(s) of _____ hereby give my/our approval to his/her participation in any and all Milford Youth Center activities during the current year. I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities; and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Milford Youth Center, the town of Milford, the organizers, supervisors, sponsors, participants, and persons transporting my/our child to or from activities, for any claim arising out of an injury to my/our child to the extend covered by accident or liability insurance.

Parent/Guardian Signature _____ Date _____

MEDICAL INFORMATION

On rare occasions, an emergency requiring hospitalization and/or surgery develops. As a general rule, anesthesia may not be administered to or operations performed upon a minor without written permission by his/her parent/guardian. Therefore, in order to prevent a dangerous delay, if an emergency does occur and we are unable to contact the parent or legal guardian, the parent/guardian is asked to sign the release form below.
In the event of injury or illness to me/my son/daughter _____, born on, _____, I hereby authorize Milford Youth Center representative(s) to secure whatever treatment is deemed necessary and, if recommended by an attending physician, the administration of an anesthetic or surgery. We do hereby release and discharge the Milford Youth Center, officers, employees, and agents, from any and all actions or claims for damages suffered by me/us or my/our child, as a result of the permission for any medical care for my/our child during his/her participation in any Milford Youth Center activity, event or trip.

1. Known allergies to food, drugs, insect stings or bites, etc:

2. Special medical concerns or conditions that event supervisors should know about, including epilepsy, asthma, diabetes, previous injuries to bones/joints, etc:

3. Medications currently being taken (Dose and Frequency):

MEDICAL INFORMATION

Physician: _____

Address: _____

Phone Number: _____

Date of last tetanus shot: _____

Milford Youth Center does not purchase insurance for youth participants. Please provide participant insurance information below.

Hospitalization Insurance Company: _____

Hospitalization Insurance Policy Number: _____

Company Address: _____

Area Code and Telephone Number: _____

I/we acknowledge that I/we have carefully read the foregoing medical authorization and know the contents thereof.

Parent Name: _____

Home Address: _____

Home Phone: _____Work Phone: _____Other:_____

Other Emergency Contact Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____