RECREATION DEPARTMENT
375 Merrimack St Room 7
Lowell, MA 01852

REGISTRATION/PERMISSION FORM **PLEASE USE PEN & PRINT CLEARLY**

Tiny Tot Locations: (Circle One) SHEDD GAGE REILLY DALEY WANG 1 Form for each Participant & Program.

PARTICIPANT'S NAME:_____
(First) (Middle) (Last)

Address:_____ City:_____ Zip Code:_____

Home Number:_____ Work Number:_____ Cell Phone Number:_____

Sex: M_____ F_____ Date of Birth:_____ Age:_____

Medical Information: ***THE FOLLOWING INFORMATION MUST BE DIFFERENT THAN STATED ABOVE***

Emergency Contact:_____
(Name) (Relationship)

_____
(Address) (Telephone)

Family Doctor: _____ Medical Insurance Co.:_____

Telephone: _____ Policy #: _____

Please Answer all of the Following Questions

1. Are there any activities that would be harmful to the participant's physical or emotional health? Yes:_____ No:_____
   If yes, explain_____
2. Does the participant take any kind of medication? Yes:_____ No:_____
   If yes, explain:_____
3. Is the participant allergic to any medications or foods? Yes:_____ No:_____
   If yes, explain:_____
4. Does the participant have any medical problems our staff should be aware of? Yes:_____ No:_____
   If yes, explain:_____

I hereby give the person mentioned above permission to participate in the programs conducted by the City of Lowell Recreation Department. The Lowell Recreation Department **IS NOT RESPONSIBLE** for any injury or accident that may occur either during the course of this program or due to falsification of any information on this form. Participants are encourage to speak with their doctor prior to enrolling in a program that includes activity to ensure they are able to safely participate.

I hereby give permission for emergency medical treatment to be administered to the person mentioned above by qualified medical personnel.

Parent/Guardian Signature:_____**Date**:_____
(REQUIRED FOR PARTICIPATION)

If your child is signed up for one of our day programs, please read and fill out the following side of this sheet.

The Lowell Recreation Department Day program is for children ages 5-10. A Birth Certificate is required to be kept on file due to the high volume of participants interested in enrolling.
YOU MUST SUBMIT A COPY OF THE BIRTH CERTIFICATE AT THE TIME OF REGISTRATION FOR US TO KEEP ON FILE.

YOU MUST ALSO SUBMIT A COPY OF YOUR CHILD'S MOST RECENT PHYSICAL FORM WITH THE UPDATED IMMUNIZATIONS, ALSO FOR US TO KEEP ON FILE.

FAILURE TO HAVE THESE AT THE TIME OF REGISTRATION WILL RESULT IN YOU BEING TURNED AWAY WITHOUT A SPOT BEING HELD.

For children to be allowed to participate in the day programs they must be dropped off by a parent/guardian. **NO BUS TRANSPORTATION IS PROVIDED.**

Parents must sign in the child at the time of drop off. The same parent MUST pick up the child and sign them out at the end of the day. Your child's safety is our priority, and we ask that you help us to ensure safety of all participants by planning in advance. The only other adult allowed to sign out your child is the Emergency Contact on the reverse side of this form. Also you can add up to 3 names below for emergency pick up from the program. If a different person will be picking the child up, other than those listed on this form, then we need to have a written note at the time of drop off in order to accommodate this.

Name_____**Phone**_____
Name_____**Phone**_____
Name_____**Phone**_____

A Free MEAL Program is being arranged. If your child has a food allergy, sensitivity, or other issue, please make sure to note it on the front side of this form in the appropriate location.

Please be aware of the program Rainy Day Policy as it concerns the park you are registering for. Some programs are inside, moved to other locations, or cancelled. You will be provided a copy of this policy the first day of the program.

All Participants must be 100% Potty/Toilet trained to participate in this program.

Parent/Guardian Signature:_____ **Date**:_____
(REQUIRED FOR PARTICIPATION)