

Swim Program Yes\_\_\_ No\_\_\_  
Palenville Bus Yes\_\_\_ No\_\_\_  
(Bus registration card required)  
Bus from CES to Catskill  
Community Center Yes\_\_\_ No\_\_\_

**CATSKILL COMMUNITY CENTER SUMMER RECREATION (4 Yrs 8/1/11) – 8<sup>th</sup> Grade)**

Program\_\_\_\_\_ Age as of August 1, 2011\_\_\_\_\_ DOB\_\_\_\_\_

Child's Name\_\_\_\_\_ Home Phone\_\_\_\_\_

Family Name\_\_\_\_\_ Work Phone\_\_\_\_\_

Address\_\_\_\_\_ Cell Phone\_\_\_\_\_

Grade and School entering in the Fall (2011-2012)\_\_\_\_\_

Family Doctor\_\_\_\_\_ Phone\_\_\_\_\_

Insurance Information: Insured Name\_\_\_\_\_ Provider\_\_\_\_\_

Phone\_\_\_\_\_ Group ID\_\_\_\_\_

If you can not be reached in case of emergency, who do you wish to be notified?

Name\_\_\_\_\_ Phone\_\_\_\_\_

*Is there anyone who may **NOT** pickup your child due to Court Order, etc.?*

Name (s) (please print)\_\_\_\_\_

Any serious allergy or condition?\_\_\_\_\_

This program has a Zero Tolerance Policy. General misconduct including fighting, endangering others, or behavior deemed inappropriate by employees of the program may result in suspension from the program.

Parent/Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_

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**HOSPITAL PERMISSION FORM**

Child's Name\_\_\_\_\_

Family Doctor\_\_\_\_\_ Phone\_\_\_\_\_

**TO WHOM IT MAY CONCERN:**

I give permission, in the event of an emergency, to treat my child at Columbia Memorial Hospital.

Parent/Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_

Phone: Home\_\_\_\_\_ Work\_\_\_\_\_ Cell\_\_\_\_\_