

## East Bloomfield Summer Recreation Program Student Release Form

Permission for children to leave the premises with someone other than the designated parent(s) must be given in writing to the program director by the responsible parent or guardian.

I/We hereby give the East Bloomfield Summer Recreation Program permission to release my/our son/daughter, \_\_\_\_\_, to the following people. I/We understand that if there are changes that occur. I/We will notify the program director/camp instructor in writing.

I/We understand that if there is an emergency and someone else, who is not listed below, must pick up my/our son/daughter, I/We must call the program director to give him or her the name of the person. This person must provide the proper identification at the time of pickup.

If a family has a special request regarding their child's pickup arrangements such as in the case of a divorced home, please send in a copy send in a copy of the legal documents to the program director outlining the custody and/or visitation arrangements.

Authorization for pickup by (please print each name):

Name	Phone #
1. _____	_____
2. _____	_____
3. _____	_____

Signed \_\_\_\_\_ Date \_\_\_\_\_

### Medical Information and Release Form

The East Bloomfield Recreation Program endeavor to ensure the safety of all children and employees attending our programs. We don not provide medical coverage. All participants should be covered under their parent's medical policy

I give permission for my child to participate in all scheduled activities. I acknowledge and voluntarily assume on behalf of my child any and all risk involved in recreation/sport activities and declare that I have accident insurance listed with the above named carrier and that any occurring injuries will be charged to my policy. I further release the Town of East Bloomfield, its supervisors, staff, and camp instructors from any liability or injury that may occur through my child's participation in any of the Recreation Department's activities. In the event that my child is injured, I authorized the party or person in charge of my child's activities to seek medical care. I acknowledge and understand that I will be solely responsible to pay the cost of such care.

Signed \_\_\_\_\_ Date \_\_\_\_\_