

**2015/2016  
Ludlow Recreation Department  
Program Participation Form**

Participants Name: \_\_\_\_\_ D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ (If Applicable)

**\*\* If under the age of 18\*\***

**\*\*My child has permission to participate in: \_\_\_\_\_ with the Ludlow Recreation Department. \*\***

I/My child is covered by the following insurance: \_\_\_\_\_

Policy #: \_\_\_\_\_

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

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*\*\*PLEASE NOTIFY THE RECREATION DEPARTMENT IF THERE IS ANY CHANGE IN INSURANCE COVERAGE DURING DURATION OF PROGRAM YOUR CHILD IS ENROLLED IN\*\*\*\***

Please list all allergies and/or medications: \_\_\_\_\_

\_\_\_\_\_.

I, the undersigned, hereby release and agree to indemnify and hold harmless to the Town of Ludlow, Village of Ludlow, The Ludlow Parks & Recreation Department, its Commission, Staff and Volunteers of all liability resulting from property damage or personal injury while participating in the program I have registered for. I give permission to have a physician attend me, if it is deemed necessary during my participation for which I have registered for.

Participant Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**RELEASE FOR MEDICAL TREATMENT**

We (I) \_\_\_\_\_, the natural parent(s) and /or legal guardians

For: \_\_\_\_\_ will be out of direct contact with my child for the period

Beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_. During this time

my child is under the supervision of \_\_\_\_\_ who has authority to provide

medical consent for my child on my / our behalf if we cannot be contacted at the numbers listed below.

\_\_\_\_\_  
Parent/Legal Guardian Signature

Date: \_\_\_/\_\_\_/\_\_\_

.....  
Parent /Guardian Contact Information

Telephone Numbers

Address: \_\_\_\_\_  
\_\_\_\_\_

Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

Other \_\_\_\_\_

Childs Date of Birth \_\_\_/\_\_\_/\_\_\_

Family Physician: \_\_\_\_\_ Telephone Number \_\_\_\_\_

Allergies: \_\_\_\_\_ Daily Medications \_\_\_\_\_

Tetanus Status: \_\_\_\_\_ Current Medications: \_\_\_\_\_

I give permission for the coach to administer first aid before calling for medical assistance.

\_\_\_\_\_  
(Signature of Parent / Legal Guardian)

**NOTE THIS FORM MUST BE PRESENTED AT THE TIME OF TREATMENT. EVERY EFFORT WILL BE MADE TO CONTACT PARENTS/GUARDIANS NOT WITHSTANDING THIS REALEASE FORM.**