

**BERLIN PARKS AND RECREATION DEPARTMENT SUMMER FUN  
2016 RELEASE AGREEMENT**

**Participants Name:** \_\_\_\_\_

**AUTHORIZATION TO PICK UP MY CHILD(REN) FROM THE SUMMER FUN PROGRAM**

I give permission for the following people to pick up my child(ren) during the Summer Fun program (6/20/16 to 8/05/16 excluding Monday, July 4, 2016). I understand that my child will only be released to the people listed below provided they produce a Photo ID and sign out. I agree that Berlin Parks and Recreation Department will not be responsible for anything that happens following my child(ren's) pick up by any of the listed individuals.

*Changes and revisions must be done through the Berlin Parks and Recreation Department office, 230 Kensington Road.  
( Do Not Include Parent/Guardian's Name)*

1. (A) \_\_\_\_\_ Phone ( ) \_\_\_\_\_ (H)  
Address \_\_\_\_\_ ( ) \_\_\_\_\_ (W)  
Relation \_\_\_\_\_ ( ) \_\_\_\_\_ (C)
2. (B) \_\_\_\_\_ Phone ( ) \_\_\_\_\_ (H)  
Address \_\_\_\_\_ ( ) \_\_\_\_\_ (W)  
Relation \_\_\_\_\_ ( ) \_\_\_\_\_ (C)
3. (C) \_\_\_\_\_ Phone ( ) \_\_\_\_\_ (H)  
Address \_\_\_\_\_ ( ) \_\_\_\_\_ (W)  
Relation \_\_\_\_\_ ( ) \_\_\_\_\_ (C)

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

**MEDICAL INFORMATION:**

**Doctor to Call:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Hospital Preferred** \_\_\_\_\_

**Activities child does not have permission to participate in?** \_\_\_\_\_

**Is the child on any long term medication that we should be aware of? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**If Yes, please specify** \_\_\_\_\_

**See registration form (next page) for listing any special circumstances or health concerns of participant(s) medication, allergies, bee stings, seizures etc.**

**Special Needs:** In order to better accommodate your child, please make us aware of any special needs your child may have. Please see the Summer Program Director to discuss any concerns you may have. (Note: The Parks and Recreation Department should be notified IN ADVANCE if your child will require any special accommodations.)

**SWIM RELEASE AGREEMENT**

I release my child \_\_\_\_\_ from The Creek/Clover Hill to attend the Summer Fun Swimming Day at Percival Pool (Clover Hill) or DDB Jr Memorial Pool (The Creek) from 12:30 pm to 3:30 pm. I acknowledge that my child will be accompanied by the Summer Fun staff to and from the pool.

**Authorized to watch your child during Swim Days if under 9 years old  
(DO NOT INCLUDE PARENT/GUARDIAN NAME)**

1. (Name) \_\_\_\_\_ Parent/ Guardian Name: \_\_\_\_\_
2. (Name) \_\_\_\_\_ Parent/ Guardian Signature: \_\_\_\_\_
3. (Name) \_\_\_\_\_ Date \_\_\_\_\_

Week 1    Week 2    Week 3    Week 4    Week 5    Week 6    Week 7