

Arlington Recreation Participant Forms

The following forms should be completed for each program participant (siblings should have separate forms).

Forms only need to be completed **ONCE** if the participant is returning to the same program for additional weeks. If the participant is attending a **DIFFERENT** program, new forms should be submitted the first time they attend.

Forms #1 - #3 are **REQUIRED** for all participants. Forms #4-#6 should be completed for all participants who need medication or have allergies or other special medical conditions. (Please note: A doctor's signature is required on Form #4.)

Forms should be completed and turned in the first day of the program.



REQUIRED PARTICIPANT FORMS: ARLINGTON RECREATION SUMMER PROGRAMS 2023

EMERGENCY INFORMATION FORM

PARTICIPANT INFORMATION

Please complete the Emergency Information, Pick Up Plan/Individuals Authorized, & Statement of Understanding/Acknowledgment/Permission Forms. All (3) forms must be filled out individually for each participant. Individuals will not be allowed to participate if these forms are incomplete.

Participant's Name: _____ Date of Birth: _____ Grade Entering Fall 2023: _____

Allergies: _____ Medications: _____

Special Accommodations: _____

PARENT/GUARDIAN INFORMATION

(Please fill out all information applicable. Use N/A if not applicable)

Participant/Guardian Name: _____ Participant/Guardian Name: _____

Relationship to Child: _____ Relationship to Child: _____

Home Address: _____ Home Address: _____

Home Phone Number: _____ Home Phone Number: _____

Cell Phone Number: _____ Cell Phone Number: _____

Email Address: _____ Email Address: _____

EMERGENCY CONTACT INFORMATION

Required to list at least (2) individuals other than parents/ guardians. Individuals should be local/accessible in the event of an emergency)

Name: _____ Relationship to Child: _____

Address: _____ Primary Phone Number: _____

MEDICATION REQUEST/PERMISSION

Please check all lines that apply. Please note children taking medication during the program are required to have a *Medication Consent Form* completed on their behalf. Participants with any type of food allergy and/or that are prescribed an EpiPen are required to have a *Food Allergy & Anaphylaxis Emergency Care Plan* completed on their behalf. Please list type of medication and dosage below, regardless if taking at home or during the program.

My child will need to take medication during program hours

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____



PICK UP PLAN/INDIVIDUALS AUTHORIZED FOR PICK UP FORM

It is strongly recommended that the pickup/drop off person (parent/guardian/individual) is the **same** individual throughout the week. Participants will only be released to adults that have been listed on the participant's authorized pick up form.

To assure the safety of your child, **A PHOTO ID WILL BE REQUIRED AT PICK UP** until your counselor can positively identify that the individual picking up has done so before and is on the participants authorized pick up list. These procedures are to guarantee the safety of your child. If someone other than the parent/guardian is picking up, a written note must be submitted to the Program Director ahead of time.

Please list all adults, **INCLUDING PARENTS**, which are authorized to pick up your child this summer. To avoid problems at pick-up time, please include anyone who may ever possibly pick up your child. A written consent letter is required for pickup by anyone not on this list. Please remember to include car pool members. Individuals must be at least 18 years old to pick up a participant.

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INDIVIDUALS AUTHORIZED FOR PICK UP

The following people are authorized to pick up my child, _____, up from the Arlington Recreation summer program which they are registered for:

- 1. Name: _____ Relationship to Child: _____
Address: _____ Primary Phone Number: _____
- 2. Name: _____ Relationship to Child: _____
Address: _____ Primary Phone Number: _____
- 3. Name: _____ Relationship to Child: _____
Address: _____ Primary Phone Number: _____
- 4. Name: _____ Relationship to Child: _____
Address: _____ Primary Phone Number: _____

Please list any individual(s) who is **LEGALLY DENIED** access to your child. If this is the case, please email mjcurran@town.arlington.ma.us to provide additional information on the situation. Please include their name, relationship to the child, and age: _____

PLEASE REMEMBER THAT ALL PEOPLE LISTED AS AUTHORIZED PICK UPS MUST COME WITH A VALID PHOTO ID



STATEMENT OF UNDERSTANDING/ACKNOWLEDGEMENT/PERMISSION FORM

My child, _____, will be attending an Arlington Recreation program during the summer of 2023. By signing below, in addition to the online disclaimer/release (outlined below), I acknowledge the disclaimers, policies, procedures, permissions, etc. that are outlined below:

Acknowledgements

- I acknowledge that at upon registration for this program through Arlington Recreation's online registration system, MyRec, I agreed to the required following disclaimer and release statement that is outline below:
 - I understand there are risks of physical injury in participating in sports and recreational activities or programs. I hereby release the town/city of Arlington, its employees, officials and agents from any and all liability or loss or damage to personal property that, my child or I may experience in connection with activities sponsored by Arlington Recreation. *I hereby consent to emergency medical procedures deemed advisable for my child in the event I cannot be reached and my child has sustained an injury. The Dept. does not provide accident or hospitalization insurance for participants of its programs. All participants are advised to have adequate personal coverage. Please consider participant's own health, experience, and tolerance for risk before participating in any program. I also consent to the use of my or my child's photo, video, artwork etc. by the dept for flyers, presentations etc.*
- I acknowledge that I must complete, in its entirety, all the required paperwork/forms outlined below in order for my child to attend the program. I understand that my child will not be able to attend any program sessions if these requirements are not completed. I acknowledge that if my child has an EpiPen, they are required to bring it to the program and will not be allowed to participant if the EpiPen is not provided/present daily. Required forms include:
 - Certificate of Current Immunizations (To be provided or filled out by your child's doctor)
 - Emergency Information Form
 - Pick Up Plan/Individuals Authorized for Pick Up Form
 - Statement of Understanding/Acknowledgment/Permission Form (This Form)
 - Medication Consent Form (If applicable)
 - Food Allergy & Anaphylaxis Emergency Care Plan (If applicable)
- I acknowledge that I have read/reviewed the specific program policies. I understand that all policies/procedures outlined by Arlington Recreation must be followed at all times. This includes all the minimum health and safety requirements for recreational youth programs specifically related to COVID-19.

Permissions/Consent

- I give consent to Arlington Recreation to use photographs and videos of my child for publication and advertising purposes. If you do not give consent for your child to appear photographs and videos for publication and advertising purposes, please send this in writing to mjcurran@town.arlington.ma.us

Parent/Guardian Signature: _____ **Date:** _____

ALL FORMS OUTLINED ABOVE AND SIGNATURE OF ACKNOWLEDGEMENT ARE REQUIRED TO ATTEND PROGRAM.

If you have any questions, please contact Arlington Recreation Department at (781)-316-3880.



MEDICATION CONSENT FORM
Arlington Recreation Summer Programs 2023

Name of child: _____

Name of medication: _____

Prescription: _____ Non-Prescription: _____

Dosage: _____

Date(s) medication to be given: _____

Times medication to be given: _____

Reasons for medication: _____

Possible side effects: _____

Directions for storage: _____

Additional Notes: _____

Name prescribing Physician: _____ Phone Number: _____

I, _____, (parent or guardian) give permission for Arlington Recreation authorized staff member(s) to administer medication to my child as indicated above during the Arlington Recreation Program which they are attending

Parent/Guardian Signature: _____ Signature Date: _____

Relationship to Participant: _____ Phone Number: _____

Doctor's Signature: _____ Signature Date: _____