

Haverhill Recreation Registration Form

Applicant's Name: _____
Address: _____
City: _____ Zip: _____
Age: ____ Date of Birth: _____ Current School: _____ Grade: _____
Did he/she qualify for free/reduced lunch? Yes No
Parent / Guardian: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____
Parent Workplace: _____ Work Phone: _____
Emergency Contact: _____ Emergency Phone: _____
Doctor's Name: _____ Doctor's Phone: _____

Medical Concerns

Allergies: (Please check if applicable)

Asthma: Food: Drugs: Bee Sting: Environmental:

Other: _____

Allergies Detail: _____

Operations or injuries: (Please list dates, etc)

Does your child have any other health / medical or emotional problems we should be aware of?

Does your child take any Medications? _____ If so, what? _____

Permission Slip

I authorize my child/children to participate in the Haverhill Recreation Department Program(s) he/she is registered for, and I agree to forever release the City of Haverhill from any and all claims from participation in Haverhill Recreation voluntary programs. I understand that the City of Haverhill or its staff will not be held liable or responsible for any accidents, injuries or medical expenses incurred as a result of participation in any programs, activities or sports.

In event of injury or illness, the staff has my permission to seek emergency medical treatment deemed necessary. _____ (please initial here)

I authorize Haverhill Recreation to use Photographs of my child for promotional display _____ (Please initial here)

Parent/Guardian Signature: _____ Date: _____

