



Town of Westport
Parks & Recreation
SKATE CAMP 2017

SK01 (7/10-7/14)_____

SK02 (7/17-7/21)_____

SK03 (7/24-7/28)_____

SK04 (7/31-8/4)_____

EMERGENCY INFORMATION

Name: _____

Address: _____

Town: _____ **Zip:** _____

Email Address: _____ **Home #** _____ **Work #** _____

PERSON TO CONTACT IF PARENT(S) OR GUARDIAN(S) ARE UNAVAILABLE:

NAME: _____ **PHONE #** _____

PHYSICIAN: _____
Name Phone

DENTIST: _____
Name Phone

ALLERGIES: _____

MEDICATIONS: _____

HEALTH ISSUES: _____

I understand that my child will be suspended from Skating Camp if he/she fails to adhere to the guidelines set forth in the Participant Agreement. Inappropriate behavior will not be tolerated and is grounds for immediate dismissal.

SIGNED _____
(Not Valid unless signed by Parent/Guardian)

LIST AUTHORIZED NAMES FOR CHILD PICK-UP ON BACK WITH PHONE & CELL PHONE NUMBERS.