

Boxford Summer Park Program 2007 Application

Full Name _____ Birthday (MM/DD/YY) _____ / _____ / _____

Home Phone _____ Cell Phone _____

Email Address _____

Parent's Email Address _____

Address _____

City _____ State _____ Zip Code _____

Emergency Contact Info _____

Circle or Highlight Preferred Weeks

Week 1 June 26, 27, 28

Week 2 July 3, 5

Week 3 July 10, 11, 12

Week 4 July 17, 18, 19

Week 5 July 24, 25, 26

Week 6 July 31, August 1, 2

Signature _____ Date _____ / _____ / _____

Registration Fees

\$30 per child/week: Stiles Pond members

\$40 per child/week: non-members

Number of Weeks: _____

Fee per week: _____

Total Enclosed: _____

Please make out checks to **Boxford Athletic Association or BAA.**

Mail completed Application and Emergency Release Form to:

Boxford Park Program
3 Ashland Road
Boxford, MA 01921

Emergency Release Form

Participant Name: _____

Street: _____ City: _____ Zip: _____

Age: _____ Date of Birth: _____

Parent/Guardian Email Address:

Parent/Guardian: _____

Day Phone #: _____ Evening Phone #: _____

Cell Phone#: _____

Insurance Co.: _____ Policy #: _____

Doctor's Name: _____ Phone #: _____

In the event of an accident or illness we would appreciate having in our files two emergency numbers.

1. A close friend or relative who could be notified if you cannot be reached. Someone we would notify in the event the first party cannot be contacted.

Name: _____ Relationship: _____

Address: _____ Day Phone #: _____

Name: _____ Relationship: _____

Address: _____ Day Phone #: _____

MEDICAL/BEHAVIOR INFORMATION

Please describe any allergies (particularly bee stings & nuts), medical conditions, prescribed medications, or behavioral problems we should be aware of. These will be kept in the strictest of confidence. Medications can not be distributed during activities. Please plan accordingly.

**** PLEASE READ AND SIGN THE FOLLOWING SECTION TO PARTICIPATE IN ALL ACTIVITIES****

I give my permission for my child to take part in all activities and field trips related to the Boxford Summer Park Program. I, the undersigned parent/guardian of this applicant, a minor, do hereby authorize the program directors and/or instructors as Agents for the undersigned to consent to Medical, Surgical or Dental Examination, treatments, etc. In addition, I hereby release the Town of Boxford, its facilities or employees from any and all claims for personal injuries, which may result from the usual involvement of these activities. I agree that pictures taken during the program hours may be used for future promotional purposes.

Parent / Guardian Signature

Date

Please mail this form to:

**Boxford Park Program
3 Ashland Road
Boxford, MA 01922**