

SUMMER CAMP & TRIP REGISTRATION FORM & PERMISSION SLIP

(PLEASE PRINT CLEARLY)

Child's Name (Last) ROSE (First) Vivian Gender LAS Y A Female Male

Birth Date 10/15/2008 Age 7 Grade Completed 6/16** 2

My child has permission to walk / bike home from the activity site: Check one: YES NO

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MOTHER / GUARDIAN

FATHER / GUARDIAN

Name (First & Last)	<u>SUJATHA</u>	<u>TIRUMALI</u>
Address (Inc. Street, City, State, and Zip)	<u>13 ALERICA LN SUMERSET NJ 08872</u>	<u>SAMPL</u>
Home Phone	<u>908 285 5978</u>	<u>202 596 5812</u>
Work Phone		
Cell/Emergency Phone	<u>908 285 5978</u>	<u>202 596 5812</u>
E-Mail Address	<u>SUJATHAVOONAL@YAHOO.COM</u>	<u>TIRUMALI@YAHOO.COM</u>

1. Name/Relationship of person(s) other than parent(s) authorized to pick up child:

ANTONIE FRIEND

2. At Franklin Recreation, it is our goal to provide a safe and rewarding experience for all participants. List relevant information about child's behavior, educational, or medical needs including allergies:

CONSTITUTION DUE TO CHEESE & EGGS

3. List any medications child is using on a daily basis _____

HOMEO PATHY

(Please note Franklin Recreation Department employees CANNOT administer medication to children)

4. List a local contact if parents cannot be reached in an emergency or if child is not picked up on time.

Name _____ Relationship _____ Address _____ Phone _____

ANTONIE FRIEND ALERICA LN, SUMERSET 732 413 3581

5. I will allow my child's picture to be used for display and publicity purposes YES NO (No response indicates consent)

6. **FMS CAMP PARENTS ONLY:** I give permission for my child to be transported by Franklin Recreation sponsored vehicle for tennis and swimming during the course the 2016 Franklin Middle School Camp program. INITIAL HERE _____

Participants must be able to function in the camp setting with minimal to moderate supervision and support within the typical camp structure. Participants must have the ability to maintain personal hygiene functions specifically toileting needs.

I hereby give Franklin Township Recreation personnel to obtain medical treatment for my child in the event of an emergency when I cannot be contacted. This permission authorizes medical personnel to perform necessary emergency treatment. In extreme emergency, when you cannot be reached, your child will be transported to the nearest hospital.

I have read and agree to abide by the policies and procedures listed herein:

TIRUMALI VINOONI

TIRUMALI

05/09/2016