

**Otisville-Mount Hope
Summer Youth Recreation Program**

Mandatory Medical Awareness

I, the undersigned, as parent(s) and/or legal guardian(s)
of _____

understand that the Otisville-Mount Hope Summer Youth Recreation will include an array of sports and recreational activities typically made available to children at summer camp. The kinds of activities will only be limited by the imagination of our counselors and staff. These activities will include sports which may result in body contact, such as: soccer, basketball, field hockey, volleyball and the like. Enrolled children must participate in the program under supervision of the recreation staff every session they attend.

I have read and understand the rules for this Otisville-Mount Hope Summer Recreation Program and give my permission for my child(ren) to participate in the sessions offered.

The undersigned, as parent(s) and/or legal guardian(s) or person having legal custody of the child(ren), does hereby grant permission to the staff of the Otisville-Mount Hope Summer Recreation Program to administer emergency first aid to my child(ren) in the event of an accident.

It is further understood that the applicant's medical insurance shall be the primary coverage in the event of personal injury.

Date Signed

Parents or Legal Guardians Signature

Registration fee received by: _____ Date: _____

Amount: _____ Cash: _____ Check #: _____