



Thomaston Recreation Commission
c/o Town Hall 158 Main St. Thomaston, CT 06787
(860) 283-6927

CHILD WAIVER FORM

NAME OF CHILD _____ GENDER _____

NAME OF PARENT(S) _____

ADDRESS _____

PHONE _____ ACTIVITY _____

EMAIL ADDRESS _____

GRADE (September) _____ AGE _____

FEE _____

MEDICAL INSURANCE AND NO. _____

ANY MEDICAL PROBLEMS? _____

I hereby give permission for _____

To participate in the above activity and agree that he/she will abide by all the rules and regulations of the facility/area and /or the Thomaston Recreation Commission, it's designated officers and agents.

In case of accident or illness, please contact _____

_____ at (phone) _____

My family physician is _____

In the event of an accident or injury, I hereby waive liability, as parents and guardian of the above child, for the Town of Thomaston, the Recreation Commission and their agents or employees, and will hold harmless. I understand that there is no medical insurance being provided by the Town of Thomaston or the Thomaston Recreation Commission.

DATED _____ SIGNATURE _____

Bee Sting Information Sheet

1. Child's name: _____
2. Has the child been stung previously? Yes ____ No ____
3. If the child has been stung, has there been a reaction? Yes ____ No ____
4. If there has been a reaction, what happens? _____

5. Is any medication necessary? Yes ____ No ____
6. If so, what type? _____
7. How should it be administered? _____

8. In case of emergency, who should be contacted?
Name: _____ Phone: _____

Permission For Another Person
To Remove Child From Center

Child's name: _____ Home Phone: _____
Address: _____

Mother's Name: _____
Mother's Work Phone: _____

Father's Name: _____
Father's Work Phone: _____

The following individual(s) have permission to remove my child from the Thomaston Recreation Department's Summer Playground.

Name: _____ Phone: _____
Address: _____

Name: _____ Phone: _____
Address: _____

I agree to supply a written note and/or phone call to the Director of the Summer Playground for each time that the above named individual(s) will be removing my child from the program. I further agree that the above named individual(s) may be required to show positive proof of identification before leaving the program with my child.

(Parent/Guardian signature)

(Date)

Video/Photography Permission Form

During summer activities it is not uncommon to have local newspaper reporters stop by to take pictures for the local newspapers of children participating in summer time activities at local towns.

Please indicate by signing below if you approve or disapprove of this and we will be sure to make sure those families who do not prefer this to happen, are excluded from any potential photos by local newspaper reporters doing human interest stories.

YES or NO in regards to my child photo being taken.
(Please circle one)

(Parent/Guardian signature)

(Date)

Sunscreen Permission Form

I, _____, hereby give my permission to the Thomaston Recreation Department's, Summer Playground staff, to administer or apply a sun blocking agent to my son/daughter, _____, upon my request.

In the unlikely event of illness, I hereby waive liability, as the parent/guardian of the above child. I will hold harmless the Thomaston Recreation Department, The Town of Thomaston, and their agents, or employees.

(Parent/Guardian signature)

(Date)