

**KENT PARK AND RECREATION  
AFTER-SCHOOL PROGRAM  
2021-2022 REGISTRATION FORM**

CHILD'S NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ GRADE IN 8/21 \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

MEDICAL AUTHORIZATION

I am the parent/guardian of above child, a minor. During the time that the minor is engaged in any activity of the Kent Park and Recreation Commission, I authorize such emergency medical care as may be necessary for the minor.

I give permission for my child's picture to appear on the Kent CT Park and Recreation website while engaged in Kent Park and Recreation's After-School Program \_\_\_yes \_\_\_ no

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**PLEASE COMPLETE AND SIGN THE ATTACHED WAIVER/LIABILITY RELEASE**



**KENT PARK AND RECREATION  
2021-2022 AFTER-SCHOOL PROGRAM  
EMERGENCY FORM**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_

Parent/Legal Guardian Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Please describe any HEALTH PROBLEMS that would be relevant to emergency treatment of this child (i.e. allergies, medical conditions or illnesses and medications):

\_\_\_\_\_

Describe any MEDICAL RESTRICTIONS on this child's physical activity:

\_\_\_\_\_

Describe any DIETARY RESTRICTIONS or FOOD ALLERGIES:

\_\_\_\_\_

**EMERGENCY CONTACTS (other than parent, you must include at least one local number)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**PERSON(S) OTHER THAN PARENT/GUARDIAN AUTHORIZED TO PICK UP CHILD:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

KENT PARK AND RECREATION  
AFTER-SCHOOL PROGRAM  
INFORMED CONSENT

I hereby attest that I have been informed of the following pertaining to the coronavirus:

- People who are 65 years and older and people of any age who have serious underlying medical conditions or are at higher risk for severe illness from COVID-19 are recommended to stay at home. A list of medical conditions associated with a higher risk for severe illness from COVID-19 can be found in [CDC's guidance](#).<sup>1</sup> Individuals and families should consult their healthcare provider to determine whether they have medical conditions that place them at risk.
  
- Staff and children living in households with individuals who are 65 years and older OR have higher risk for severe illness from COVID-19 are recommended to stay home.

\_\_\_\_\_  
Signature of Staff or Parent/Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Child's Name (if a parent/guardian)

\_\_\_\_\_  
Date

<sup>1</sup> Includes chronic lung disease or moderate to severe asthma, serious heart conditions, immunocompromised (cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications), severe obesity (body mass index [BMI] of 40 or higher), diabetes, chronic kidney disease undergoing dialysis and liver disease. Individuals should consult their healthcare provide to determine whether they have medical conditions that place them at increased risk for severe illness from COVID-19.