



Provincetown Recreation Department Afterschool Program

Child/Children's Name: _____

Current Grade: _____

Date of Birth: _____ Age: _____

Parent(s) Name: _____

Home Phone: _____ Work phone: _____ Cell phone: _____

It is of the utmost importance that you give us phone numbers that we will definitely reach you at in case of an emergency

Email Address: _____

Emergency Contact Name and Phone number: _____

Relationship to Child: _____

Medical/health/social issues? _____

Allergies? _____

Medications? _____

Other Adults authorized to pick up my child:

Name /Relationship: _____

_____ Please check here if you I give the Recreation Department permission to take photographs of my children during Afterschool Program for Recreation promotional purposes.

In consideration of being allowed to use town facilities, I hereby agree not to hold the Town of Provincetown, or its employees, instructors, or volunteers, liable for any personal injury or damage to property, arising out of or in connection with use of the Town recreational facilities.

I fully understand that my child will be expected to abide by the rules of the Recreation Department and that unacceptable behavior may result in suspension from the facility and activities.

Date

Signature of Parent/Guardian

Attention: Brandon Motta
Provincetown Recreation Department
2 Mayflower Street
Provincetown, MA 02657