

Thompson Recreation Purely Recreation Program

Child's Name _____

Parent/Guardian Name(s) _____

Hold Harmless Agreement/Release

I, the undersigned, hereby give my son/daughter permission to participate in all activities in Thompson Recreation's Purely Recreation Program, including field trips. In addition, I will hold harmless the Town of Thompson, the Recreation Commission, its members, agents, directors, and employees for any liabilities that may occur as a result of participation in said program. Photos of my child may be used for promotional purposes. I understand that full refunds minus a \$25 processing fee will be granted up to and including the first day my child attends the program. I understand there are no credits for missed days. I understand there is a \$20 fee for checks returned to TRC by the bank and all payments thereafter must be made in cash. I give permission for my child to be treated for medical emergency if I am unavailable.

Parent/Guardian Signature

Date

Authorization for Release of a Child

Your child **will be released only to the parents or guardians listed on the registration form and to those named below**. When the person arrives to pick up your child, he/she must show a picture I.D. to the staff on duty. Please include anyone who you may need to pick your child up in an emergency situation and make sure they understand the pick-up procedure and are prepared to present a picture I.D. The following people also have my permission to pick up my child from Thompson Recreation's Purely Recreation Program. Please limit to three.

Name (<i>other than parent</i>)	Relationship to child	Address	Phone
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1. _____

2. _____

3. _____

Parent/Guardian Signature

Date

Authorization for the Administration of Non-Prescription Topical Products by Recreation Personnel

Instead of requiring each parent to supply sunscreen and/or insect repellent, we will be supplying these products at the program. We use Bullfrog Mosquito Coast Sunblock with Insect Repellent. If you wish for this product to be administered to your child at Purely Recreation, please complete and sign below. You also must apply the product to your child at least once before they can receive it at Purely Recreation.

I hereby request that the non-prescription topical product Bullfrog Mosquito Coast Sunblock with Insect Repellent be administered to my child by a Thompson Recreation staff person. This authorization is limited to the afore mentioned product. This product has been used on my child at least once before attending the program.

Area of Administration (examples: face; arms and legs only; etc.)

Parent/Guardian Signature

Date