

**GRANBY RECREATION DEPARTMENT
PROGRAM INFORMATION CARD**

Name: _____ Nickname: _____

Age _____ Grade in Sept '24 _____ Gender _____

Address: _____

Home Phone: _____ Birthdate: _____

Mother's Name: _____ Business Phone: _____

Father's Name: _____ Business Phone: _____

Mom Cell Phone _____ Dad Cell Phone _____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital Preference: _____ Phone: _____

Highly Allergic To: _____

Taking Medication (Please Name): _____

Other Medical Problems: _____

My child's counselor should know the following about my child: _____

In the event parents cannot be reached, please call:

Name: _____ Phone: _____

Name: _____ Phone: _____

Primary Insurance Carrier: _____

Insurance Policy Number: _____

The following people have permission to pick up my child from camp:

Name: _____ Phone: _____

Name: _____ Phone: _____

The Granby Recreation and Leisure Services Department Staff have my permission to take whatever action deemed necessary for the health and welfare of my child in case of emergency.

Parent/Guardian Signature

Date

Photo Release: The Town of Granby Recreation and Leisure Services Department reserves the right to photograph facility, activity and program participants at any and all department sponsored events for potential future use. All photos will remain the property of the Granby Recreation and Leisure Services Department and may be used in future program guides, brochures, pamphlets, or news releases for promotional purposes or in recognition of department sponsored events. Photos may be used for up to 10 years after the picture was taken. If you do not wish to have you or your child's picture taken, please notify a member of the staff or the instructor prior to the event.

Parent/Guardian Signature

Date