



Big Flats Summer T.A.F.F.Y.

Registration Form

Park Site: _____ **Date:** _____

Participant Information: (one form per child)

Child's Name: _____

Date of Birth: _____ **Age at Start of TAFFY:** _____ **Male / Female**

Address: _____

Mailing Address : _____

E-Mail Address: _____

Parent/Guardian Information:

* Name _____ Home: _____ Cell: _____ Work: _____

* Name _____ Home: _____ Cell: _____ Work: _____

Emergency Contact Information:

(List someone other than the parent/guardian capable of picking your child up at the park in the event of an emergency.)

* Name _____ Home: _____ Cell: _____ Work: _____

* Please indicate which number should be called first.

Additional Information:

I give my permission to photograph my child during the program activities, for newspaper, television releases, and educational publications. **YES** _____ **NO** _____ (please initial one)

Parent/Guardian Signature: _____

For Office Use Only

Registration Dates 2016

Big Flats Residents:
Sunday June 5th, 1pm to 5pm

Non-Residents:
Sunday June 12th, 1pm to 4pm

Park Sites:

- ◆ Big Flats Elementary School
- ◆ Community Park
- ◆ Hillview Park
- ◆ Maple Shade Park
- ◆ Pine Circle Park
- ◆ Reynolds Park

***** ONLY COMPLETE registrations will be accepted.**

***** A COMPLETED Health History is required for each child. (see next page)**

Health History

Medical Information:

Child's Name _____

Name of Child's Primary Physician: _____

Phone Number: _____

Address: _____

List any: Allergies (*Medications, food, or insect stings*), physical conditions, medications needed, or diet restrictions for your child. Attach additional sheets if necessary.

List Any: Recent or current illness/ injury / existing medical conditions:

Has your child potentially been exposed to any communicable disease or have been potentially exposed to communicable disease from recent travel two weeks prior to start of TAFFY?

Circle one, if yes explain further.

Yes No

In the event that it becomes necessary; may sunscreen be applied to your child? (Circle one)

Yes No

List any other concerns .

ALL Registrations will require an updated record of immunization history.

An up to date immunization record is required in order to process your child's registration into the program.

Parent/Guardian Signature: _____