



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

For Office Use Only

Information 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: _____

Registration Dates 2019

Big Flats Residents:
Sunday June 9th, Noon until 3pm
*Registration Fee Required

Non-Residents:
Sunday June 16th, Noon until 2pm
*Registration Fee Required

Park Sites:

- BFE School or Indoor Site
- Community Park
- Reynolds Park
- Maple Shade Park
- Pine Circle Park

*** **ONLY COMPLETE Information form will be accepted.**

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

*** **NO IMMUNIZATION RECORDS NEEDED**

Health History

Medical Information:

Child's Name _____

Name of Child's Primary Physician: _____

Phone Number: _____

Physician 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 .

Parent/Guardian Signature: _____