

POPE'S HILL NEIGHBORHOOD ASSOCIATION



PARTICIPANT INFORMATION:

Name: _____ Age: _____
Address: _____
Street City State Zip
Parent/ Family Email Address: _____

As Parent/Guardian, I give my permission for my child to participate in the following Pope's Hill Neighborhood Associations' Summer Activity: _____ on the following date(s): _____
In case of emergency, I understand that every effort will be made to contact the Parent/Guardian listed below. In the event that I cannot be reached, please contact one or both of the individuals listed below.

Name of Parent/ Guardian: _____
Home Phone: _____ Cell: _____ Work: _____
Emergency Contact #1: _____ Phone: _____
Emergency Contact #2: _____ Phone: _____

In the event of sudden injury or illness to my son/ daughter while s/he is participating in the POPE'S HILL NEIGHBORHOOD ASSOCIATION Program/Activity, I express my consent for the administration of emergency medical care if such action is necessary in the opinion of the attending medical personnel. Further, as the parent/ guardian I acknowledge that I shall be responsible for all associated medical fees and other charges.

Please list any medical or physical conditions of which we should be aware. Please list any medications in which your child is currently taking (including names and dosages).

HEALTH INSURANCE (MUST BE FILLED OUT)

Policy Name: _____ Policy #: _____
Physician's Name: _____ Phone #: _____

Does your Health Plan need to be contacted before treatment is given (circle one)? YES / NO

LIABILITY RELEASE

I hereby authorize my son/ daughter to participate in the **POPE'S HILL NEIGHBORHOOD ASSOCIATION'S ACTING UP IN THE PARK PROGRAM and/or LEGO CLUB** without restriction. I agree that I will not bring suit against nor hold liable the **INSTRUCTORS, the POPE'S HILL NEIGHBORHOOD ASSOCIATION, BOSTON R.O.C.K.s and/or the CITY OF BOSTON** including any of its officers, employees or agents or the sponsoring agency for property damage or personal injury incurred by myself or my son/daughter's through participation in the above mentioned activities/programs. I also authorize the **POPE'S HILL NEIGHBORHOOD ASSOCIATION and/or BOSTON R.O.C.K.s** to take and use photos, slides, and recording of my son/daughter while he/she is participating in the **POPE'S HILL NEIGHBORHOOD ASSOCIATION** activities.

Signature of Parent/ Guardian

Date

Pope's Hill Neighborhood Association
www.popeshill.com