

Duanesburg/Princetown Summer Recreation Program

Emergency Form

(Please fill out a separate form for each child participating)

Child: _____ DOB: _____

Age: _____

Parent(s)/Guardian(s) _____/_____

Town of Residence: _____

Primary Address:

Home Phone: _____/_____ Work/Cell Phone: _____/_____

Emergency Contact: _____

Phone Number: _____

Second Emergency Contact: _____

Phone Number: _____

Allergies:

Medications:

By signing below, I hereby give permission for the Duanesburg/Princetown Summer Park Program to take photographs of my child for future program promotions.
