

2026 BRANT SUMMER RECREATION APPLICATION

One completed form per Camper

OFFICE USE ONLY:

IMMUNIZATIONS _____

DISCIPLINE CONT _____

CAMPER INFO

CAMPER'S NAME _____

STREET ADDRESS _____

CITY, ZIP _____

DAYTIME PHONE # _____

AGE _____ D.O.B. _____ GRADE ENTERING IN FALL: _____

EMERGENCY CONTACT INFORMATION (REQUIRED)

Emergency Contact: _____ Cell/Home Ph # _____

2nd Emergency Contact: _____ Cell/Home Ph# _____

Family Doctor _____ Doctor Ph # _____

Insurance Co. & I.D. Number: _____

Hospital (In case of emergency) _____

Please list any allergies or medical/health conditions that your child has: _____

Add'l information about your child that may benefit the Recreation Staff: _____

I, _____ GIVE MY CHILD PERMISSION FOR:

_____ SUPERVISED WATER ACTIVITIES & SPORT ACTIVITIES

_____ ADMINISTRATION OF EMERGENCY FIRST AID (ALSO FILL OUT FORM BELOW)

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

I, _____, Parent/Guardian of _____

do hereby give my total consent for the Town of Brant Recreation Personnel to authorize medical care for my child. It is understood that the Recreation Staff will attempt to secure my consent prior to exercising this authority, as circumstances follow.

I do hold harmless and indemnify the Town of Brant, their employees and agents, for any damage or liability incurred for any event following application of emergency medical care.

Signature: _____ Date: _____

Relationship to Camper: _____

Email: _____

ALL CAMPERS MUST HAVE A COPY OF THEIR IMMUNIZATION RECORDS
TO PARTICIPATE IN THE TOWN OF BRANT RECREATION PROGRAM