



2017 Summer Programs at Highfield Registration & Emergency Release Form

Highfield Hall & Gardens, 56 Highfield Drive, P.O. Box 494, Falmouth, MA 02541

Child Name: _____ DOB: _____ Male /Female
(circle)

Child Name: _____ DOB: _____ Male /Female

Parent/Guardian Last Name: _____ First Name: _____

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

Parent/Guardian Last Name: _____ First Name: _____

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

Please list the primary address information for the child(ren) you are registering:

Street: _____

City: _____ State/Zip: _____ E-mail: _____

Please list two additional names to contact in the event we can not reach you:

Emergency Contact #1: _____ Hm#: _____ Cell# _____ Relationship to child: _____

Emergency Contact #2: _____ Hm#: _____ Cell# _____ Relationship to child: _____

By listing the names above as emergency contacts you are also authorizing permission for them to pick up your child(ren).

Health Information: if more than one child is attending please state child's name by allergy

Allergies (food & insects): _____

Is your child taking any medications regularly at this time: No _____ Yes (please list): _____

Any health issues or concerns? Please explain: _____

Outdoor Care:

We will be spending time outside and will take walks around the property and surrounding woods, we ask that parents apply sunscreen and bug repellent before dropping their child off everyday. We will not be applying any products or giving out any medications to your child unless medically necessary. Please have your child wear a hat and proper footwear to be able to comfortably participate in all our activities. NO SANDALS PLEASE.

Photo Permission:

I give permission for my child to be photographed while attending our program.

Please circle: YES / NO

The majority of photos are used for the enjoyment of children and parents, we may also use some photos for advertising/publicity purposes on our web site and in local publications without reference to names.

Release of liability:

I/we acknowledge and understand the risks involved in Highfield Hall & Garden's 2017 Summer Programs and grant permission for _____ to participate and assume those risks. The Summer Program schedule will involve athletic activity and may include but is not limited to: hiking, running, jumping, field games, and sprinklers. Due to the nature of these activities, we wish to inform you that as with any athletic outdoor activity the possibility of injury does exist. In signing below I recognize and accept the risks involved. I/we further agree for ourselves and on behalf of our child to hold harmless Highfield Hall & Gardens and all associated officers and staff for any injury arising out of my son's/daughter's participation.

Signature of parent/guardian: _____ Date: _____

For Office Use: Registration Received: _____ Entered : _____ Payment: _____
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