Warwick Recreation Registration Form

Recreation Program: _____

Child's Name: _____ Male or Female

Address: _____

Age of child as of 7/1: _____ Birthdate: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Any known allergies/special medical conditions: _____

_____

Do you live in the TOWN or VILLAGE of Warwick (circle one)

I allow parent consent for my child's photos to be taken.

___Yes __ No Parent Signature: _____