



SMITH'S CLOVE PARK

EST. 1945

133 Spring St.
Monroe, N.Y. 10950
www.smithsclovepark.org
Phone # (845) 783-9108



Welcome to the Summer "09" Fishing Clinic

6 weeks starting July 11th to August 15th 9am to 11am every Saturday Morning in Crane Park across from the Shortline Bus Terminal. We supply the fishing poles, the bait and instruction. Learn a relaxing, inexpensive sport for life.

PRINT CHILD'S NAME CLEARLY: _____

1. I agree to be on my best behavior and respect authority and other participants

I understand the need to agree to the above item. I realize and agree that if my child does not abide by these rules, he/she may lose the privilege of attending, or may be sent home at the discretion of the adult authority. I will be responsible for all consequences of his/her behavior. **I understand that my adult designee or I will stay with my child during the clinic.**

I give permission for photos of my child to be taken and submitted to the Photo News or placed on the Park web site in conjunction with reporting Park activities solely.

Signature _____ Date _____

I, as the parent/guardian of this participant, agree to these guidelines for my child.

Must be Park Resident

Registration Dates, Time and Location

Monday – Thursday	May 11 to June 11	12:30 PM to 2:30 PM
Wednesday Evenings	May 13 to June 3	6:00 PM to 8:00 PM
Thursday, June 4		7:00 PM to 9:00 PM
Tuesday, June 9		7:00 PM to 9:00 PM
Saturday, June 13		11:00 AM to 1:00 PM

Fee: There is no charge for this Clinic

Emergency Information

Please print and complete for Child.

Name _____ Birth Date _____
First Last

Address _____ Home Phone _____
Street City

NY State Zip **Parent's/Guardian's Park ID#** _____

○ **Father's / Guardian's full name:** _____

Work phone: _____ Cell phone: _____

Email: _____

○ **Mother's / Guardian's full name:** _____

Work phone: _____ Cell phone: _____

Email: _____

○ Child lives with: ____ Parents ____ Father ____ Mother ____ Guardian ____ Other

Every effort will be made to contact parent first unless otherwise specified _____

○ **Emergency contact name:** _____ **Phone:** _____

MEDICAL INFORMATION & LIABILITY RELEASE

MEDICAL INFORMATION:

○ Family physician's Name _____ Phone _____

○ Date of last tetanus shot: _____

○ **Allergies**, conditions, dietary restriction, special needs, medical concerns of which we should be aware:

Food _____ Drug _____

Animal _____ Other _____

○ My child requires the following medicine: _____ Frequency _____

In case of Medical Emergency I understand that, in the event medical treatment is required, every effort will be made to contact the emergency contact person or me. However, if I cannot be reached, I give permission to the staff to secure the services of a licensed physician to provide the care necessary, including hospitalization, anesthesia, injection, or surgery for my child's well-being. I hereby agree to indemnify and hold harmless the Monroe Joint Park Recreation Board, the Town and Village of Monroe, their employees, and volunteer staff from any liability.

Date _____

Signature of Parent or Legal Guardian