

Town of Pembroke Recreation Department
2010 Summer Recreation Program

AUTHORIZATION FORM

***PLEASE INITIAL EACH ITEM AND SIGN AND DATE AT THE
BOTTOM INDICATING YOUR AGREEMENT***

First Aid Authorization

_____ I authorize the Pembroke Recreation Department to
administer first aid to my child.

Emergency Transportation Release

_____ I authorize the Pembroke Recreation Department to
transport my child to the nearest hospital in a medical
emergency.

Permission to Publish

_____ I give Pembroke Recreation Department permission to
publish my child's name and photograph in newspapers
or other publications.

Transportation Agreement

_____ I authorize the Pembroke Recreation Department to
dismiss my child to walk and/or ride his/her bicycle home
from the Summer Recreation Program.

_____ I give permission for my child to participate in activities that take
place in and around the Memorial Field Area (i.e. Village School).

Child's Name

Parent/Guardian's Signature