

**Johnston Recreation Department
Summer Day Camp 2026**

Amount Paid: _____ Balance: _____ Cash: _____ Check # _____ MO#: _____ Received By: _____

For Recreation Use Only

Child's Name: _____ DOB: _____ Age: _____

Parent/Guardian Names: _____ Phone #: _____ Shirt Size: _____

Address: _____ E-Mail Address: _____

Does the child have any medical issues the staff should know about? Yes ___ No ___ If yes, please explain

Please note any other information/concerns the staff should be made aware of

Does your child need to take daily medications? Yes ___ No ___ If yes, please explain

Will anyone else be picking up the child and can be contacted in case of emergency? Yes ___ No ___
(please list additional contacts on back)

Name: _____ Phone #: _____ Relationship: _____

Address: _____ E-Mail Address: _____

Name: _____ Phone #: _____ Relationship: _____

Address: _____ E-Mail Address: _____

Pursuant to the Rhode Island General Laws S7-6-22, I/we the parent(s) of the above named boy/girl, who is a candidate for a position on a Johnston Recreation Department Activity, hereby give my/our approval to his/her participation in any and all of the activities during the current season.

I/we assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities; I/we do further hereby release, absolve, indemnify and hold harmless the Johnston Recreation Department, the organizers, sponsors, and the supervisors, and or all of them.

In case of injury to I/we hereby waive all claims against the organizers, the sponsors, or any of the supervisors appointed by them. I/we will furnish a certified birth certificate of the above named candidate upon request of the league officials.

The undersigned specifically acknowledge that a risk of injury exists and assume said risk with respect to practicing for or participating in any contact or exhibition or an athletic or sports matter sponsored by the Johnston Recreation Department.

*The Johnston Recreation Department posts camp and recreation activities on their social media platforms.

By checking yes, you give JRD permission to use your child's photo online. Yes ___ No ___

* I received/read the parent packet, and understand all the procedures and policies the Johnston Recreation Department has set forth.

Parent/Guardian Signature: _____ Date: _____