



Kids on the Move Information Form

Participant Information

Participant Full Name:	
Participant Age:	

Guardian Information

Guardian 1 Full Name:	
Guardian 1 Contact #	
Guardian 2 Full Name:	
Guardian 2 Contact #	

Emergency Contact

Full Name:	
Contact Number:	
Relationship to Participant:	

One of the above contacts must be available to come pick up the children within 30 minutes, if necessary.

Participant Specifics

Are there any physical limitations that we should be aware of that will effect participation in this program?	Yes: No: If yes, please explain:
Does your child have allergies?	Yes: No: If yes, please describe the allergen(s) or substance(s) that causes a reaction
Is this an anaphylactic allergy that requires an Auto-Injector?	Yes: No: If yes, please fill out a Consent For Administration Of Medication By Auto-Injector form

Is there anything you would like us to know about your child?



Kids on the Move Information Form

Dismissal and Pick Up

Please authorize the individuals that your child can be released to at the end of the Program day. This may include parent/ guardian or any other person(s) picking up your child. Participants will ONLY be released to those listed below. ID is required at each pick up, no exceptions.

Full Name:		Relationship to Participant:	
Full Name:		Relationship to Participant:	
Full Name:		Relationship to Participant:	
Full Name:		Relationship to Participant:	
Full Name:		Relationship to Participant:	

Dismissal and Pick Up

I give permission for my child to sign themselves out at the end of the Program day. I hereby understand that by allowing my child to sign him/herself into and out of Program that staff supervision will not be provided and the Town of Newmarket is NOT responsible for him/her beyond their registered hours.	Yes:	No:	Guardian Signature:
--	------	-----	---------------------

Participant Permissions

I give my permission for the child listed above to have their picture taken for promotional purposes.	Yes:	No:
I give permission for the Town of Newmarket to provide alcohol-based hand sanitizer (at 60% or higher) to the above mentioned child.	Yes:	No:

Important - Read Before Signing

I hereby give my child permission to participate in the events conducted by the Newmarket Recreation and Culture Department while participating in all registered Kids on the Move Programs.

I hereby release the Corporation of the Town of Newmarket from all claims for damage arising from participation of the named herein, during any program or in any facility or at any location where a program is held.

I hereby release and save harmless The Corporation of the Town of Newmarket and its employees and representatives from any and all claims and demands associated with my acquiring Covid-19, from my participation in Town of Newmarket programs, due to any cause whatsoever, including negligence, breach of contract, mistakes or errors in judgment. This Release of Liability shall be binding upon my heirs, next of kin, executors, administrators, assigns and representatives.

Guardian Name:	
Signature: (Must be 18 years or older)	