

**Goffstown Parks and Recreation
2017 Summer Playground
Release / Emergency Information**

Participants Name _____ D.O.B. _____
Address _____
Phone _____

Please indicate the primary numbers during hours of playground (8:30 am – 4:00 pm)

Mother _____
Phone (H) _____ (W) _____ (C) _____

Father _____
Phone (H) _____ (W) _____ (C) _____

Emergency Person: _____
Phone (H) _____ (W) _____ (C) _____

Insurance Carrier: _____ Policy # _____

Alternate Pickup / Non Emergency Persons:

1. _____ Phone _____
2. _____ Phone _____
3. _____ Phone _____

I herby give the above names the authority to pick my child up in the event I may not be able to.

Signature of Parent/ Guardian Date