

**Goffstown Parks and Recreation  
 2018 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 hereby 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