

LIVINGSTON RECREATION AND PARKS DEPT.

Application for Recreational/Swim Program for the Handicapped

NAME OF APPLICANT _____

ADDRESS _____

TELEPHONE NUMBER _____

FOR APPLICANTS UNDER 18 PLEASE GIVE THE FOLLOWING:

Date of Birth _____

Name of Parent or Guardian _____

Address of Parent of Guardian _____

Telephone number of Parent or Guardian _____

TO BE FILLED BY ALL APPLICANTS:

Person to contact in an emergency _____

Telephone Number of person _____

Is there any specific medical problem to which the staff should be alerted?

Optional: Name of Physician _____

Address _____

Phone Number _____

Comments: _____

Signature of applicant _____

(Parent or Guardian's Signature if under 18)

Date: _____

