



Town of Dryden Recreation Department

607-844-8888 option 4

recreation@dryden.ny.us

www.dryden.ny.us/recreation-department

Register for American Red Cross “When I’m in Charge” Class today! Space is limited!

This American Red Cross class provides **children ages 8-11** safe options if they were to find themselves home alone for any reason. The course is targeted at enhancing self-reliance; preventing and preparing for emergencies. In addition, the course includes information on phone, gun and internet safety. This is a 2 1/2 hour class. Parents are invited to attend the last 30 minutes.



Date: Saturday, April 25th, 2009

Time: 9:30am-12:00pm

Location: Dryden Town Hall, 93 East Main St. Dryden

Cost: \$15.00—includes certification, guides and a kit.

****please bring a snack.**

Send or drop the below portion of the form to:

Town Dryden Recreation Department

93 East Main Street, Dryden NY 13053



Red Cross “When I’m in Charge”—March 14th, 2009 9:30-12:00, Town of Dryden Recreation Department



Participant name _____

age _____ grade _____ DOB _____

Parent/guardian name _____

Phone number(s) where we can reach you _____

Mailing address _____

Email address _____

Emergency Contact name _____

Emergency Contact phone number _____

HEALTH INFORMATION - in case of emergency:

If this student becomes ill, injured or requires immediate dental or other health care, where can the custodial parent(s) be reached between 9:00 AM and 1:00 PM?

Phone 1: _____ Phone:2 _____

Is there anything about this child that you feel we or medical emergency staff should know? (Such as diabetes, rare blood type, hearing or vision difficulty, behavioral/emotional conditions, asthma, allergy to medication, latex gloves, etc.)

Child’s Doctor _____ phone _____

Emergency medical treatment, transportation permission and release:

If there is an immediate medical, physical, or other injurious emergency or a situation in which medical care must be administered to my child, and I cannot be reached, I ask that my child, _____, be given First Aid, be treated by Emergency Medical Technicians, be treated by the above named doctor, another doctor if above said is unavailable, by Emergency Medical Staff or at a hospital emergency room. Further, if transportation is required, I give permission to the Dryden Recreation Department and Floating Classroom permission to transport her/him for care in a staff person’s own car or other suitable transportation if that is all that is available.

Parent/legal guardian signature: _____ Date: _____

I, the undersigned parent or guardian of the child listed above, hereby give permission for my child to participate in the Town of Dryden Recreation Department and Cayuga Watershed Floating Classroom Program at my and his or her own risk. I understand that there is **NO accident insurance coverage** for any participant in the program. On behalf of myself, my child and any other guardian, I agree that we will abide by the rules and regulations of the program and will accept in good faith, and all decisions of the officials/person(s) in charge. I agree to defend, save and hold harmless the Town of Dryden, the Town of Dryden Recreation Department, Dryden Central School, and the Cayuga Watershed Floating Classroom Program for any injuries, damages, claims, suits or causes of action occasioned by my child’s participation in the said program and I hereby release from any and all liability the said Town of Dryden, the Recreation Department, Dryden Central School, and the Cayuga Watershed Floating Classroom Program, and/or any person(s), property, or official(s) in relation to said program.

Parent/legal guardian signature: _____ Date: _____