MOHAWK SUMMER REC PROGRAM PAID STAFF APPLICATION

DATE

NAME

ADDRESS			PHONE		
AGE DATE	OF BIRTH		T-SHIRT SIZE	-	
GRADE COMPLETING J	JUNE 2017				
DO YOU HAVE CPR OR I			ANCE OUR RECREATIO	N PROGRAM	
BRIEFLY COMPLETE TI I WOULD LIKE TO WOR			SE		
PLEASE LIST THREE RE	CFERANCES (NO	T RELATIVES) AND	THEIR PHONE NUMBE	RS	
2.					
3.					
List Employment History o	ver the past 5 yea	rs			
Place of Employment	Date of Employment	Contact Person	Address of Contact Person	Phone Number of Contact Person	

WORK?______
"This camp must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local board of

DO YOU ANTICIPATE ANY DAYS THAT YOU WILL NOT BE AVAILABLE TO

The Mohawk Trail Regional School District only approves the distribution of these materials and does not endorse or sponsor these programs or assume any liability for programs contained herein.

[&]quot;This camp must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local board of health." This program complies with MDPH regulations (105CMR430) and is licensed by the Buckland Board of Health. Information on these regulations can be obtained at (617)983-6761

PAID STAFF

Mohawk Summer Recreation Program 2017

Student Registration	<u>on</u>		
Student Name			
Street Address:			
PO Box:			
Mailing Town:			
State:			
Zip Code:			
Residential Town You	і Оссиру:		
Phone Number:			
Date of Birth:	Age:	Sex:	
Grade Completing Jun	ie of 2016:		
Parent/Guardian	n Information:		
Parents/Legal Guardia	n Name(s):		
1)Name:			
Address:			
Town:			
Home Phone:	Work Phone:	Cell Phone:	
2)Name:			
Address:			
Town:			
Home Phone:	Work Phone:	Cell Phone:	
Emergency Cont	tact		
Emergency Contact N	ame:		
Phone Number:			
Health Informat	ion		
Insurance Co:		Policy #:	
Insurer:			
Allergies:			
Medical Conditions: (write on reverse side if need	ded)	
Daily Medications:			
Physician Name:		Phone:	
Recreation Program, which hold harmless the Town of I	may include transportation, use of Buckland, Mohawk Summer Recorders result of any injury or event to the	whose name and address appear above, to of equipment, facilities, and necessary prepreation Employees, Counselors, CIT's and ne above named child. In the event of an in	paratory activities. I further agree to l Volunteers from any claims,
Parent/Guardian signatu	ure	Date	
"This camp must comply v	with regulations of the Massach	nusetts Department of Public Health and	I be licensed by the local board of

health."

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