

**Town of Fremont Police Department**  
**Registration/Parental Permission Form**

Please complete a separate form for each participant

Program name Fishing Derby May 18<sup>th</sup>, 2024

Participant name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

I/we \_\_\_\_\_ and \_\_\_\_\_, parents/guardian of the above-named participant do hereby give permission to participate in the above-named Town of Fremont Program. We/I acknowledge that we/I have reviewed the list of activities contemplated to be part of the program & give permission for our/my child to participate in these activities with the following  
acceptations: \_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Information**

Contact information (please provide a minimum of two numbers- at least the first number should be a parent/home)

1. Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_
3. Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Participant's Date of Birth \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

Family Doctor \_\_\_\_\_ Dr.'s Phone Number \_\_\_\_\_

Medical information (include all allergies and reactions, medications, and medical conditions) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurance (provider, group#, etc.) \_\_\_\_\_

**Photo/Waiver/Emergency Release**

The Town of Fremont \_\_\_\_ HAS \_\_\_\_ DOES NOT HAVE my permission to use any photo of my child taken during the above program on the Town website, PD Facebook page and any other printed material.

While the Town of Fremont agrees to make all reasonable offers within its power to provide a safe and secure environment for the children in the above-named program, the undersigned acknowledge that there remains some risk of personal injury in these activities, and therefore,

the undersigned agrees to indemnify and hold harmless the Town of Fremont, its agents, employees, and volunteers (Releasees), from any and all liability, including claims by any person, ~~along with demands, judgments, settlements, and costs, arising out of my child's participation in~~ the program, whether caused by negligence or Releasees or otherwise.

In case of an emergency and I/we cannot be reached by telephone, I authorize transport & treatment by qualified personnel.

Parent/ guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/ guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**Certification for Joint Offspring-Joint Custody Only**

I hereby certify that as one of the two joint custodians of my child, I have conferred with the other custodian, whose name is \_\_\_\_\_, to execute this form on their behalf as well as my own.

Parent/ guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**Official Use Only**

Official Receiving Form \_\_\_\_\_ Date \_\_\_\_\_

If you or your family members+ have any questions of concerns, please contact Sgt. Michael Buckley at 603-395-1711 or at [mbuckley@fremontnhd.com](mailto:mbuckley@fremontnhd.com). Thank you.