

**TOWN OF EASTHAM  
RECREATION & BEACH DEPARTMENT  
PERMISSION SLIP**

I give my child/children \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

permission to attend \_\_\_\_\_

on \_\_\_\_\_ with Eastham Recreation.

Allergies/Medical Concerns? No

Yes \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone Number \_\_\_\_\_

I, the undersigned, understand that there is an inherent risk in recreational programs and events and that the range of injury can be minor to severe. I also understand and accept that in the case of injury, the Town of Eastham is responsible only for First Aid treatment. I further understand that participation in recreation programs and events requires all participants to behave in a sportsman-like manner.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Additional Phone Number \_\_\_\_\_