

EAST PENNSBORO TOWNSHIP
PARKS & RECREATION DEPARTMENT
PLAYGROUND PROGRAM – (AGES 6-12) REGISTRATION FORM

PLEASE CHECK (✓) PLAYGROUND YOUR CHILD WILL BE ATTENDING:

Commonwealth (Ages 6-9 yrs) _____ Keystone (Ages 10-12yrs.) _____
Midway _____ Summerdale _____ Ridley _____ West Fairview _____

CHILD'S NAME: _____
(a separate form is required for each child)

ADDRESS: _____ CITY: _____

DATE OF BIRTH: _____ AGE (as of June 11, 2018): _____

FATHER, PARENT OR LEGAL GUARDIAN: _____

ADDRESS (if different from child) _____ CITY: _____

PHONE NUMBER: WORK _____ CELL _____ HOME: _____

EMAIL ADDRESS: _____

MOTHER, PARENT OR LEGAL GUARDIAN: _____

ADDRESS (if different from child) _____ CITY: _____

PHONE NUMBER: WORK _____ CELL _____ HOME _____

EMAIL ADDRESS: _____

HEALTH AND EMERGENCY: When working with children, accidents happen most often when least expected. This form will be made available to emergency personnel should your child need immediate emergency care. Treatment will not be given without your permission unless it is an emergency. All participants must provide their own medical insurance. **Person to be contacted in emergency if parent/guardian cannot be reached:**

NAME _____ RELATIONSHIP _____

ADDRESS _____ CITY: _____

PHONE NUMBER: CELL _____ HOME _____

(PLEASE COMPLETE BOTH SIDES OF THIS FORM)

List Allergies, Medical or Dietary Information, Special Needs, Chronic Problems and Medications your child is presently taking: **Please provide all information that will help us while your child is in our care**

My child will only be released to the following person(s): Under no circumstances will a camp staff allow a child to be released to someone other than who is designated on this registration form. This policy has been created for your protection.

NAME _____ RELATIONSHIP _____

PHONE NUMBER: CELL _____ HOME _____

NAME _____ RELATIONSHIP _____

PHONE NUMBER: CELL _____ HOME _____

DISCIPLINE: It is very important to us that the children have fun while they are with the program but we also expect children to be respectful of our authority and cooperate with us in every way. The staff is depending on each child's parent/guardian to impress upon their child the necessity of good behavior. Playground staff will communicate with the parent/guardian of any behavior problems. If problems persist the parent/guardian will be contacted and the child will be expelled from the program immediately.

PLAYGROUND AGREEMENT

I (We) understand East Pennsboro Township, the organizers, supervisors, and staff of the Playground Program and the owners/providers of the facilities, assume no responsibility for accident, injuries, or losses sustained by the above child while taking part in this program, activities, or trips. I (We) verify that the information provided on this form is complete and accurate, agree to abide by the rules stated and give consent for my child to receive emergency medical care and be transported by our staff or EMS personnel in case of emergency.

I consent that photograph's of my child taken during the program may be used for camp related materials such as announcements, advertisements, program presentations, etc.

I consent that my child is permitted to watch movies rated G and PG.

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date