



**EAST PENNSBORO TOWNSHIP
PARKS & RECREATION DEPARTMENT
PLAYGROUND PROGRAM REGISTRATION FORM**

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

ARI _____
Commonwealth (6-9yrs)

ARII _____
Keystone (10-12yrs)

Midway _____
Township Building (6-12yrs)

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

ADDRESS: _____ CITY: _____

DATE OF BIRTH: ___/___/_____ AGE (as of June 10, 2019): _____ GRADE COMPLETED: _____

REGISTRATION FEE: There is a one-time registration fee of \$20 per child to be paid at time of registration (accommodations can be made with Playground Leader). If your child has already registered for the East Pennsboro Day Camp Program or at another Playground location, no additional fees are required.

Cash/Check# _____ Date Paid _____ Already Registered _____

PRIMARY CONTACTS:

NAME: _____ Relation to Child: _____

ADDRESS (if different from child) _____ CITY: _____

PHONE NUMBER: WORK _____ CELL _____ HOME _____

EMAIL ADDRESS: _____

NAME: _____ Relation to Child: _____

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/guardians cannot be reached:**

NAME _____ Relation to Child: _____

ADDRESS _____ CITY: _____

PHONE NUMBER: WORK _____ CELL _____ HOME _____

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.**

In addition to the Primary and Emergency Contacts already listed, please provide information for all persons who may be picking up your child from the Playground Program for any reason. These persons may be contacted in the event that the Primary Contacts cannot be reached. Please inform Playground Leader if changes need to be made to your child's contact list. Under no circumstances will your child be released to anyone other than the persons designated on this registration form. This policy has been created for the safety and protection of you and your child.

NAME: _____ Relation to Child: _____

PHONE NUMBER: CELL _____ HOME _____

NAME: _____ Relation to Child: _____

PHONE NUMBER: CELL _____ HOME _____

DISCIPLINE: Playground participants are expected to be respectful of others and cooperate with staff in every way. Staff depends on each parent/guardian to impress upon their child the necessity of good behavior. Discipline incidents will be communicated to parent/guardian; if problems persist the child will be expelled from the program immediately.

PLAYGROUND AGREEMENT

I 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 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