

**ATTENTION:**  
**\$25.00 REGISTRATION FEE**

**2010 Summer Parks Program**  
**(Please complete registration form in INK)**

Youth's Name \_\_\_\_\_ Sex \_\_\_\_\_  
Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_ Phone \_\_\_\_\_  
School (2009-2010) \_\_\_\_\_ Grade \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Last Tetanus Shot \_\_\_\_\_

Can your child swim? Yes No

Please Circle Park you want child to attend:

Albemarle Lincoln Memorial Thackston

**PARENT/GUARDIAN INFORMATION**

Name \_\_\_\_\_ Primary Phone \_\_\_\_\_  
Relation to Child \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Employment \_\_\_\_\_  
Work Hours \_\_\_\_\_ Work Phone \_\_\_\_\_

**CONTACT PERSON, IN CASE PARENT/GUARDIAN CAN'T BE REACHED**  
**(Should be home during the day and have transportation available)**

- 1) Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_  
2) Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

**EMERGENCY MEDICAL AID**

Name of Dentist \_\_\_\_\_ Phone \_\_\_\_\_  
Name of Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Health Insurance Company Name \_\_\_\_\_ Policy/Group# \_\_\_\_\_  
Policy listed under whose name \_\_\_\_\_ Any allergies? \_\_\_\_\_  
Does your child take medication? \_\_\_\_\_ What? \_\_\_\_\_ For? \_\_\_\_\_  
Dosage(how much)? \_\_\_\_\_ How often? \_\_\_\_\_

**(Children must self-administer any necessary medication under staff supervision. Summer Parks Program staff will not give medication. No child will be allowed to use medication unless stated on this form.)**

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A maximum of 40 youth will be accepted for each park. Registration is based on  
First Come, First Serve Basis

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**Forms Due June 11, 2010 by 4:30pm**

Attn: Sandie Walker: 1 Marketway West, 3<sup>rd</sup> Floor: York, PA 17401

**FORMS MUST BE FILLED OUT COMPLETELY in INK.**

**Treatment Consent Form**

I hereby grant permission for the staff of Summer Parks Program and the City of York to seek treatment at the medical facility of their choice for my child, in case of an emergency. I also authorize the medical personnel of that facility to provide any and all necessary treatment. I understand that I will be totally and completely responsible for any medical and related cost, which my child incurs while participating in the Summer Parks Program.

**LIABILITY RELEASE**

I assume any and all risks associated with this summer program, including but not limited to accidents, the affects of weather, all acts of negligence on the participant's part, the staff or leadership, friends or peer group of the participant and the acts of third parties not under the control of the Summer Parks Program. Knowing these facts and in consideration of the acceptance of registration, I hereby, waive, release, indemnify, absolve and hold harmless the City of York Summer Parks Program, their staff, employees, administrators, volunteers and other participants from any claim arising out of an injury to me or my child/children. I further waive for myself and for my child/children, the right to sue any of the above-specified parties for any injury to my child/children or myself. I also am aware that there will not be any type of refunds. I hereby grant permission for the Summer Parks Program to use still and video photographs of my child participating in activities at different visiting locations. (example Group photos at different sites) I waive my right to any and all remuneration for such use.

Parent/Guardian Signature (ink) \_\_\_\_\_ Date \_\_\_\_\_

**STUDENT BEHAVIOR UNDERSTANDING**

I have read over the rules listed in previous sections that apply to the program I will be attending. I understand that I need to follow these rules in order for the Summer Parks Program to have safe and fun activities. I also understand that my failure to follow rules will result in some type of disciplinary action being taken, such as suspension from the program.

Youth's Signature (ink) \_\_\_\_\_ Date \_\_\_\_\_

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