



# York City Recreation & Parks Bureau 2018 Summer Parks Program



Chaz A. Green, Deputy Director

June 18 through July 26, 2018  
Monday through Thursday - 9 AM to 4 PM

Michael R. Helfrich, Mayor

**Registration is FIRST COME, FIRST SERVED. LIMIT PER PARK – 40 YOUTH**

**REGISTRATION BEGINS APRIL 9, 2018 AND will end when the 40 youth per park limit has been reached.**

**How Do I Register: Applications are available online for printing – [www.yorkcity.org](http://www.yorkcity.org) OR In Person – Monday through Friday 8 AM TO 5 PM  
YORK CITY RECREATION & PARKS BUREAU (City Hall 2<sup>nd</sup> Floor), 101 South George Street  
Park locations fill quickly. Call 717-854-1587 for space availability.**

**FORM MUST BE FILLED OUT COMPLETELY. PLEASE USE INK.**

## REGISTRATION FEES

**Payment Methods: Cash or Check (MAKE CHECK PAYABLE TO: CITY OF YORK)**  
**City Resident - \$50.00 FOR FIRST CHILD IN FAMILY (Each additional child is \$25.00)**  
**Non-City Resident - \$75.00 FOR FIRST CHILD IN FAMILY (Each additional child is \$50.00)**

## PARENT/GUARDIAN INFORMATION

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

## PROGRAM PARTICIPANT INFORMATION

Youth's Name \_\_\_\_\_  
 Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 School (2017-2018) \_\_\_\_\_ Grade \_\_\_\_\_  
 Date of Last Tetanus Shot \_\_\_\_\_ Can your child swim?  Yes  No  
 Will your child require a TSS?  Yes  No

**Please check the appropriate box to indicate which park your child will attend:**

Memorial Park Complex (940 Vander Ave.)   
 Gross (Formerly Lincoln) (Parkway Blvd & Roosevelt Ave.)   
 Allen (Tremont & Wallace Sts.)   
 Bantz (Salem Ave.)   
 Yorktown (Kelly Drive)

**EMERGENCY CONTACT PERSON, IN CASE PARENT/GUARDIAN CAN'T BE REACHED**

(Should be home during the day and have transportation available.)

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

**EMERGENCY MEDICAL AID**

Name of Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy/Group # \_\_\_\_\_

Policy listed under whose name \_\_\_\_\_

Does your child take medication?  Yes  No

What? \_\_\_\_\_

For? \_\_\_\_\_ Dosage (how much)? \_\_\_\_\_

How often? \_\_\_\_\_ Any allergies? \_\_\_\_\_ If so, what? \_\_\_\_\_

**Preferred Hospital**  York Hospital  UPMC Pinnacle Memorial Hospital

**(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.)**

**PLEASE READ!**

**INITIAL & SIGN WHERE INDICATED**

**Treatment Consent Form**

I hereby grant permission for the staff of the 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 treatment and related costs which my child incurs while participating in the Summer Parks Program. Initials \_\_\_\_\_ (By initialing you acknowledge that you have carefully read the Treatment Consent Form)

**Liability/Photo/Video 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/activity photos at different sites) I waive my right to any and all remuneration for such use. Initials \_\_\_\_\_ (By initialing you acknowledge that you have carefully read the Liability Photo Video Release)

**Field Trip Participation & Transportation**

I hereby give my permission for my child to participate in the **Summer Park Program Field Trips** held during the period of **June 18 through July 26, 2018** and to be transported from the park site to the activity location via school bus.

Initials \_\_\_\_\_ (By initialing you acknowledge that you have carefully read the Field Trip Transportation Permission)

By signing I acknowledge that I have read the above and fully agree to what has been written:

**Treatment Consent Form  
Liability/Photo/Video Release  
Field Trip Participation & Transportation**

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

**Student Behavior Understanding**

I agree to abide by the rules of the Summer Park Program. I understand that I need to follow the 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  
Please Print (ink) \_\_\_\_\_ Youth's Signature (ink) \_\_\_\_\_ Date \_\_\_\_\_

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**OFFICE USE ONLY**

Total Amt. Paid \$ _____	Date Paid _____
PAYMENT METHOD:	
<input type="checkbox"/> Cash \$ _____	<input type="checkbox"/> Check \$ _____ Check No. _____
Receipt No. _____	Initials _____