



# York City Parks & Recreation 2021 Summer Parks Program

PROGRAM DATES: June 28 through August 5, 2021 - Monday through Thursday - 11 AM to 2:30 PM

## REGISTRATION FORM – AGES 6 TO 14 – Complete a form each child.

**PARK SELECTION – Please check the appropriate box to indicate which park your child will attend.**

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> <b>Allen</b><br>(Tremont & Wallace)                                | <input type="checkbox"/> <b>Arles</b><br>(E. King & Pattison Sts.)         | <input type="checkbox"/> <b>Bantz</b><br>(Salem Ave. & W. College Ave. Ext.) | <input type="checkbox"/> <b>Girard</b><br>(Girard St.)                     |
| <input type="checkbox"/> <b>Gross (formerly Lincoln)</b><br>(Parkway Blvd & Roosevelt Ave.) | <input type="checkbox"/> <b>Memorial Park</b><br>(Edgar St. & Vander Ave.) | <input type="checkbox"/> <b>Penn</b><br>(W. College Ave. & Lindbergh Ave.)   | <input type="checkbox"/> <b>Williams</b><br>(Smith St. & Cottage Hill Rd.) |

### PARENT/GUARDIAN INFORMATION

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

### YOUTH PARTICIPANT INFORMATION

**City Resident**     **Non-City Resident**

Youth's Name \_\_\_\_\_ Gender \_\_\_\_ Age \_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 School (2020-2021) \_\_\_\_\_  
 Grade Completed by the START of the program? \_\_\_\_\_  
 T-shirt Size:  Small    Medium    Large    X-Large    Can your child swim?  Yes    No  
 Will your child require a TSS?  Yes    No  
 Case Worker Contact Information (for TSS ONLY):  
 Name \_\_\_\_\_ Phone \_\_\_\_\_

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

Date \_\_\_\_\_

STAFF USE ONLY	
DATE RECEIVED: _____	STAFF INITIALS: _____
<input type="checkbox"/> Confirmation Letter Issued	