

# The City of York Pennsylvania

The Honorable Michael R. Helfrich, Mayor



India Banks  
Interim Director of  
Department of Public Works  
P: (717) 849-2245  
C: (717) 849-2279

## York City Parks & Recreation 2025 Summer Parks Program

PROGRAM DATES: June 16 through July 24, 2025 - Monday through Thursday - 9 AM to 4 PM

**This document MUST BE COMPLETED & RETURNED THE FIRST DAY OF CAMP  
FOR EACH CAMP PARTICIPANT.**

### **LIABILITY WAIVER / PERMISSION SLIP / STUDENT BEHAVIOR UNDERSTANDING**

#### Liability/Photo/Video Release

I assume any and all risks associated with this summer program, including, but not limited to, accidents, the effects 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.

PARENT 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 16 through July 24, 2025 and to be transported from the park site to the activity location via school bus.**

PARENT Initials \_\_\_\_\_

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

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101 South George Street  
York, PA 17401  
[www.yorkcity.org](http://www.yorkcity.org)

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## **Student Behavior Understanding**

I agree to abide by the rules of the Summer Park Program. I understand that I need to follow the rules 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.

PARENT Initials \_\_\_\_\_

(By initialing you acknowledge that you have carefully read the Student Behavior Understanding with your child.)

### **Youth Signature Required HERE:**

Please Print Child's Name (ink) \_\_\_\_\_ Date \_\_\_\_\_

### **Parent Signature Required HERE:**

**By signing this document, you have acknowledged that you have read all parts of the document and fully agree to the aforementioned information for your child's participation in the 2025 Summer Park Program.**

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

Print (ink) \_\_\_\_\_ Signature (ink) \_\_\_\_\_ Date \_\_\_\_\_