

# BOROUGH OF ST. LAWRENCE

## PLAYGROUND REGISTRATION FORM - SUMMER 2011

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CHILD'S NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

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### EMERGENCY CONTACT INFORMATION

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#### PARENTS OR LEGAL GUARDIAN INFORMATION:

MOTHER'S NAME: \_\_\_\_\_ FATHER'S NAME: \_\_\_\_\_

CHILD'S HOME ADDRESS: \_\_\_\_\_

BOTH PARENTS     MOTHER     FATHER     LEGAL GUARDIAN

HOME TELEPHONE: \_\_\_\_\_

MOTHER DAYTIME \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

MOTHER CELL \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

FATHER DAYTIME \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

FATHER CELL \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

MOTHER'S EMPLOYER: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

FATHER'S EMPLOYER: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

LEGAL GUARDIAN NAME: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

#### EMERGENCY CONTACT:

NAME: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

CELL: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

#### MEDICAL CONTACT INFORMATION:

DOCTOR: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

DENTIST: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

**PLEASE COMPLETE MEDICAL INFORMATION ON REVERSE FOR EACH CHILD**

#### WAIVER OF LIABILITY:

I hereby give permission for my child(ren) to attend the Borough of St. Lawrence Playground program and to participate in all playground activities. I understand that the Borough of St. Lawrence neither assumes nor accepts any responsibility for bodily injury or property damage while participating in the summer program. I understand that my child must comply with the rules and regulations of the summer program.

\_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
DATE

**REMINDER: CHILDREN 6 YEARS OF AGE OR YOUNGER MUST BE ACCOMPANIED BY AN ADULT**

**CHILD'S MEDICAL INFORMATION**

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CHILD'S NAME: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

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DOES YOUR CHILD CARRY PRESCRIPTION MEDICATION?  YES  NO

IF YES, PLEASE LIST MEDICATIONS: \_\_\_\_\_

ANY OTHER MEDICATIONS: \_\_\_\_\_

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CHILD'S NAME: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

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DOES YOUR CHILD CARRY PRESCRIPTION MEDICATION?  YES  NO

IF YES, PLEASE LIST MEDICATIONS: \_\_\_\_\_

ANY OTHER MEDICATIONS: \_\_\_\_\_

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CHILD'S NAME: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

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DOES YOUR CHILD CARRY PRESCRIPTION MEDICATION?  YES  NO

IF YES, PLEASE LIST MEDICATIONS: \_\_\_\_\_

ANY OTHER MEDICATIONS: \_\_\_\_\_

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CHILD'S NAME: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

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DOES YOUR CHILD CARRY PRESCRIPTION MEDICATION?  YES  NO

IF YES, PLEASE LIST MEDICATIONS: \_\_\_\_\_

ANY OTHER MEDICATIONS: \_\_\_\_\_

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