



2017 ALSACE TOWNSHIP SUMMER RECREATION PROGRAM REGISTRATION FORM

65 Woodside Ave., Temple, PA 19560 Phone: 610-929-5324

Website: alsacetownship.org

OFFICE USE ONLY:

Paid: Cash: _____

Check #: _____

Amount: \$ _____

Please complete the following: **ONE FORM PER CHILD**

Cost: \$80 per child

Payment: checks payable to "Alsace Township" or cash (in person)

Program Age Requirement: 5 to 14 years old

Child's Name _____ Grade Entering in Sept. _____
 Last **First** **Middle Initial**

Address _____

Home Phone _____ Cell Phone: _____

T-Shirt Size: (Circle One) Youth S M L Adult S M L XL

Parent's Name: _____	Parent's Name: _____
Location During Program: _____	Location During Program: _____
Work Phone #: _____	Work Phone #: _____
Cell Phone #: _____	Cell Phone #: _____
Instructions: _____	Instructions: _____

MY CHILD MAY BE DISMISSED TO EITHER PARENT: (circle answer) YES NO

If "NO", legal documents must be on file with the Recreation Department office.

I understand that it is the parent's responsibility to transport children to and from the Playground Summer Recreation Program. I also understand that I am required to provide all food (peanut free) and drinks for my child: (circle answer) **YES NO**

Are there any health, medical or other issues/conditions the staff should be aware of?
(circle answer) **YES NO if YES, please provide info on page 2**

I hereby authorize the Alsace Township Recreation Department to release my child to the following adults and/or contact these people in case of an emergency. **Please put in order of who to call FIRST, etc:**

1. Name _____ Phone # During Program _____
2. Name _____ Phone # During Program _____
3. Name _____ Phone # During Program _____

MEDICAL INFORMATION

In the case of a medical emergency, the information below will allow us to provide the best possible care and service for your child. This form will be kept on file, taken on bus trips, and/or provided to medical personnel in case of an emergency. Treatment will not be authorized without parental permission unless it is an emergency.

CHILD'S INFORMATION

Full Name: _____ Date: _____
Age: _____ DOB: ___/___/___ MALE or FEMALE (circle one) Grade Completed: _____
Home Address: _____
City – State – Zip: _____

EMERGENCY CONTACT INFORMATION

Father – Legal Guardian: _____
Home Address: (if different from child's) _____
City – State – Zip: _____
Home # _____ Cell # _____ Office # _____ Ext # _____

Mother – Legal Guardian: _____
Home Address: (if different from child's) _____
City – State – Zip: _____
Home # _____ Cell # _____ Office # _____ Ext # _____

Please list any **additional emergency contact**, other than parent or legal guardian:

Full Name: _____ Relationship to child: _____
Home # _____ Cell # _____ Office # _____ Ext # _____

CHILD'S HEALTH INFORMATION

Special Dietary Concerns – Allergies: _____
List all known Allergies: _____
List all Medical Concerns: _____
Daily Medications: _____
Special Needs: _____

I verify that the information provided on this form is complete and accurate. I give consent for my child to receive emergency medical care and/or be transported by staff or EMS personnel to the hospital, should it be deemed necessary.

Signature of Parent – Guardian

Date

HOLD HARMLESS

I hereby grant, _____ permission for him/her to participate in the 2017 Alsace Township Recreation Program. I understand and accept the expectations, as outlined, and agree to abide by the program procedures, policies, and financial commitments, as previously defined. I am aware that outdoor programs, special events, planned and prepared for children, are subject to unforeseen incidents and accidents. I shall defend, hold harmless and indemnify Alsace Township against all expenses, liabilities and claims of every kind, including reasonable counsel fees, by or on behalf of any person or entity (including, but not limited to the organization, its members, participants, spectators and other third parties) arising out of any activity whatsoever conducted on or around the on and off site premises to which this agreement pertains. The Program Leaders and the Township are not responsible for lost, stolen, and/or broken personal items.

Signature of Parent – Guardian

Date

PICK UP AND DROP OFF CONSENT FORM

Pick Up and Drop Off:

My child shall only be released to the following person(s):

Name: _____ Relationship _____ Phone # _____

Name: _____ Relationship _____ Phone # _____

Name: _____ Relationship _____ Phone # _____

Name: _____ Relationship _____ Phone # _____

Signature of Parent – Guardian: _____

Date

BUS TRIPS

I hereby grant _____ permission to go on bus/van trips organized by Alsace Township Recreation Department. The township will be responsible for developing and maintaining a safe environment and providing adequate supervision for all participants. I, the undersigned, hereby release Alsace Township, its agents and employees from any responsibility for any mishap or accident that may occur during such trips.

Signature of Parent – Guardian

Date

PROMOTIONAL AUTHORIZATION

I understand that at times photographs or images taken of my child during Recreation Department programs may be used in promotional material, which may include but is not limited to flyers, notices, bulletin boards, newspapers, or websites.

Signature of Parent – Guardian

Date

LATE PICK UP FEE

Please note that the Alsace Township Playground Program runs from 9:00 am to 2:00 pm, Monday through Friday. If a child/children is/are picked up after 2:15 pm, there will be a “Late Pick Up Fee” charged EACH TIME this occurs. The Late Pick Up Fee is set at \$5.00 per child, per occurrence, and is expected to be paid the same day as the late pickup occurs. Cash or check is an acceptable form of payment.

I have read and agree to pay the Late Pick Up Fee of \$5.00 per child, per occurrence, to be paid the same day the late pickup occurs.

Signature of Parent – Guardian

Date