



# 2022 ALSACE TOWNSHIP SUMMER RECREATION PROGRAM REGISTRATION FORM

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

Website: [alsacetownship.org](http://alsacetownship.org)

**OFFICE USE ONLY:**  
 Paid: Cash: \_\_\_\_\_  
 Check #: \_\_\_\_\_  
 C. C Type: \_\_\_\_\_  
 Amount: \$ \_\_\_\_\_

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

**Cost:** \$150 per child if registered by 5/21/22. \$175 per child registered after 5/21/22.

**Discount:** Families with 3 or more children will receive a \$25 discount per child if registered by 5/21/22

**Payment:** checks payable to "Alsace Township", cash, or credit card (Master Card, Visa, Discover)

**Program Age Requirement:** Completed Kindergarten to 14 years old

Child's Name \_\_\_\_\_ Grade Entering in Sept. \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Has Child completed Kindergarten? Yes No

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

*T-shirts will be provided to new participants.*

<b>Parent's Name:</b>	<b>Parent's Name:</b>
<b>Location During Program:</b>	<b>Location During Program:</b>
<b>Work Phone #:</b>	<b>Work Phone #:</b>
<b>Cell Phone #:</b>	<b>Cell Phone #:</b>
<b>Instructions:</b>	<b>Instructions:</b>

**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/from the 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 # \_\_\_\_\_

2. Name \_\_\_\_\_ Phone # \_\_\_\_\_

3. Name \_\_\_\_\_ Phone # \_\_\_\_\_

## 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 # \_\_\_\_\_

### ARE WE ABLE TO GIVE OVER THE COUNTER MEDICINES TO YOUR CHILD AS NEEDED?

Ibuprofen: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Call Parent First

Antacids: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Call Parent First

First Aid Cream: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Call Parent First

### 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 first aid treatment, 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 2022 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 or 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