

**BOROUGH OF ST. LAWRENCE
PLAYGROUND REGISTRATION FORM - SUMMER 2016**

CHILD'S NAME: _____	BIRTH DATE: _____
CHILD'S NAME: _____	BIRTH DATE: _____
CHILD'S NAME: _____	BIRTH DATE: _____
CHILD'S NAME: _____	BIRTH DATE: _____

EMERGENCY CONTACT INFORMATION

PARENTS OR LEGAL GUARDIAN INFORMATION:

_____ MOTHER	_____ FATHER	_____ LEGAL GUARDIAN
------------------------	------------------------	--------------------------------

CHILD'S HOME ADDRESS

BOTH PARENTS	MOTHER	FATHER	LEGAL GUARDIAN
MOTHER	_____ DAYTIME PHONE NUMBER	_____ CELL PHONE NUMBER	_____ EMPLOYER TELEPHONE NUMBER
	_____ EMPLOYER	_____ EMPLOYER TELEPHONE NUMBER	
FATHER	_____ DAYTIME PHONE NUMBER	_____ CELL PHONE NUMBER	_____ EMPLOYER TELEPHONE NUMBER
	_____ EMPLOYER	_____ EMPLOYER TELEPHONE NUMBER	
LEGAL GUARDIAN	_____ DAYTIME PHONE NUMBER	_____ CELL PHONE NUMBER	_____ EMPLOYER TELEPHONE NUMBER
	_____ EMPLOYER	_____ EMPLOYER TELEPHONE NUMBER	

EMERGENCY CONTACT:

_____ NAME	_____ TELEPHONE
_____ CELL PHONE	_____ RELATIONSHIP TO CHILD

WAIVER OF LIABILITY:

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

REVERSE SIDE MUST BE COMPLETED

MEDICAL CONTACT INFORMATION:

DOCTOR

DENTIST

TELEPHONE

TELEPHONE

CHILD(REN)'S MEDICAL INFORMATION

CHILD'S NAME _____

ALLERGIES _____

DOES YOUR CHILD CARRY PRESCRIPTION MEDICATION? YES NO
IF YES, PLEASE LIST MEDICATIONS: _____

LIST ANY OTHER MEDICATIONS: _____

CHILD'S NAME _____

ALLERGIES _____

DOES YOUR CHILD CARRY PRESCRIPTION MEDICATION? YES NO
IF YES, PLEASE LIST MEDICATIONS: _____

LIST ANY OTHER MEDICATIONS: _____

CHILD'S NAME _____

ALLERGIES _____

DOES YOUR CHILD CARRY PRESCRIPTION MEDICATION? YES NO
IF YES, PLEASE LIST MEDICATIONS: _____

LIST ANY OTHER MEDICATIONS: _____

CHILD'S NAME _____

ALLERGIES _____

DOES YOUR CHILD CARRY PRESCRIPTION MEDICATION? YES NO
IF YES, PLEASE LIST MEDICATIONS: _____

LIST ANY OTHER MEDICATIONS: _____