

Plain Township Parks and Recreation Department
Recreation Program Registration Form

Parent /Guardian Name: _____

Address: _____

Telephone No. (Home): _____ (Work): _____

Name(s) and age(s) of child/children who will be in the Recreation Program:

Name of Program: _____

Fee paid (if applicable): _____

EMERGENCY INFORMATION- PLEASE LIST ANY/ALL NUMBERS TO ASSURE CONTACT CAN BE MADE!

In case of an emergency, contact:

(Name of contact person) (Relationship to child) (Phone No.)

(Physician/Pediatrician)

In the event someone cannot be reached in case of a medical emergency, please indicate hospital preference: _____

Is there anything you would like to tell us about your child/children? (Medical conditions, allergies, special needs, etc.):

In consideration of participation of my child/children in the Plain Township Recreation Program, I hereby for myself, my heirs, executors and administrators, do release and discharge the Plain Township Trustees and all persons officially connected with the Recreation Program from and against all damages or actions which might arise from participation in the recreation program activities.

(Signature of Parent/Guardian) _____ (Date) _____