



Plain Township Parks & Recreation Department

**YOUTH RECREATION PROGRAM
REGISTRATION FORM**

Child's Name: _____ Age: _____

Parent/Guardian: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Work/Cell: _____

Name of Program: _____ Fee: _____

EMERGENCY INFORMATION

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

In case of an emergency, please contact:

(name of contact person) (relationship to child) (phone number)

(physician/pediatrician) (name of practice) (phone number)

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

Is there anything you would like to tell us about your child? *(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

FOR OFFICE USE ONLY: Date: _____ Check # _____ Receipt # _____