

**ALSACE TOWNSHIP COMMUNITY PLAYGROUND  
REGISTRATION AND MEDICAL EMERGENCY FORM**

CHILD'S NAME \_\_\_\_\_

CHILD'S DATE OF BIRTH \_\_\_\_\_ HOME PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

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MOTHER'S NAME \_\_\_\_\_ WORK PHONE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ WORK PHONE \_\_\_\_\_

**\*\*\*PLEASE CHECK ONE:**

\_\_\_\_\_ MY CHILD(REN) HAVE MY PERMISSION TO LEAVE THE PLAYGROUND AT THE TIME THEY CHOOSE THROUGHOUT THE DAY

\_\_\_\_\_ MY CHILD(REN) MAY WALK HOME FROM THE PLAYGROUND BY HIMSELF/HERSELF AT 2:00 P.M. ONLY

\_\_\_\_\_ ONLY AUTHORIZED PERSON(S) MAY PICK-UP MY CHILD (PLEASE LIST NAME & PHONE # BELOW, THEY MUST HAVE PHOTO ID)

1. \_\_\_\_\_ PHONE \_\_\_\_\_

2. \_\_\_\_\_ PHONE \_\_\_\_\_

**MEDICAL HISTORY**

PLEASE LIST ANY MEDICAL CONDITIONS, ALLERGIES OR MEDICATIONS YOUR CHILD IS CURRENTLY TAKING.

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DOES YOUR CHILD HAVE AN ALLERGIC REACTION TO BEE OR WASP STINGS \_\_\_\_\_

IF YES, INDICATE ANY REACTIONS: \_\_\_\_\_

FAMILY DR. \_\_\_\_\_ PHONE \_\_\_\_\_

HOSPITAL PREFERENCE \_\_\_\_\_

I, \_\_\_\_\_ GIVE PERMISSION FOR MY CHILD \_\_\_\_\_ TO ATTEND AND PARTICIPATE IN THE SUMMER PLAYGROUND PROGRAM SPONSORED BY THE ALSACE TWP. COMMUNITY PARK & RECREATION DEPT. I UNDERSTAND SOME PLAYGROUND ACTIVITIES INVOLVE CERTAIN RISKS, AND I HEREBY WAIVE ANY AND ALL CLAIMS AGAINST THE TOWNSHIP OF ALSACE, THE PARKS & RECREATION DEPT., IT'S AGENTS, EMPLOYEES, OR INSTRUCTORS ON THE BEHALF OF MYSELF OR MY CHILD, FOR ANY ACCIDENT, INJURY OR ILLNESS MY CHILD MAY SUSTAIN WHILE PARTICIPATING IN THE ABOVE MENTIONED PROGRAM.

SIGNATURE OF PARENT \_\_\_\_\_ DATE \_\_\_\_\_

CHILD IN FAMILY: 1<sup>ST</sup> = \$40.00 EACH ADDITIONAL CHILD = \$35.00

TOWNSHIP RESIDENT: YES \_\_\_\_\_ NO \_\_\_\_\_ CASH \_\_\_\_\_ CHECK # \_\_\_\_\_

T-SHIRT SIZE - CHILD - SMALL \_\_\_\_\_ MEDIUM \_\_\_\_\_ LARGE \_\_\_\_\_ - ADULT - SMALL \_\_\_\_\_ MEDIUM \_\_\_\_\_

LARGE \_\_\_\_\_ OTHER \_\_\_\_\_