

## “SUMMER IN THE PARKS” REGISTRATION (PAGE 1)

PLEASE CIRCLE ONE SITE:      HEBREW                      HUFFY WALLIS                      CLUNE

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**PARTICIPANT INFORMATION** (Siblings/family members of same household who will be attending the same park site)

NAME: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ AGE: \_\_\_\_\_ D.O.B: \_\_\_\_\_

NAME: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ AGE: \_\_\_\_\_ D.O.B: \_\_\_\_\_

NAME: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ AGE: \_\_\_\_\_ D.O.B: \_\_\_\_\_

NAME: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ AGE: \_\_\_\_\_ D.O.B: \_\_\_\_\_

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**PARENT/GUARDIAN INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MEDICAL INSURANCE COMPANY NAME: \_\_\_\_\_

MEDICAL INSURANCE POLICY NUMBER: \_\_\_\_\_

\*I hereby grant Lacey Township Recreation permission to take and use my child(ren)'s photograph in connection with park activities, trips and events, for use in displays, the Township website and social media sites related to the Lacey Twp Recreation Department.

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**TRANSPORTATION INFORMATION**

\_\_\_\_\_ **ALL CHILDREN LISTED (exceptions listed below) MAY NOT BE DISMISSED  
FROM ANY LOCATION WITHOUT AN AUTHORIZED INDIVIDUAL**

I give \_\_\_\_\_ permission to walk or ride their bike to and from the park: **(circle all that apply)**

1. As they wish (Park days only)
2. Only at the End of the Park Day
3. As they wish (Including Park & School Days)

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

## REGISTRATION (PAGE 2)

### PARENTS AUTHORIZATION FOR MEDICAL SERVICES AND WAIVER OF LIABILITY FORM

I hereby authorize representatives of the Lacey Township Recreation Department to obtain qualified medical attention, including hospitalization, for my child in the event of an emergency, or if such attention appears to be warranted and I cannot be reached immediately to give permission.

I release the Lacey Township Recreation Department and the Parks Staff from any and all liability arising out of their operation of these activities and their conduct in supervising these activities. This release includes any liability for any claim or demand based on a loss of, or injury to, persons or property. However, I do not release the Lacey Township Recreation Department and the Parks Staff for any liability arising out of intentional acts of the Lacey Township Department and Parks Staff or for their willful negligence.

Please be advised that Recreation Staff **CAN NOT** administer any medications to camp participants. We may only store epi-pens and inhalers. (In case of an anaphylaxis emergency, Recreation staff will use epi-pens)

**Please list any known medical problems our staff should be aware of:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

## REGISTRATION (PAGE 3)

### CHILD PICK UP AUTHORIZATION FORM

In an effort to protect all children of the Recreation Program, we are asking you to provide **up to 5** additional authorized individuals to pick up your child/children from your Recreation site. At the time of pick up **EVERYDAY, ALL** individuals must show identification with a picture (*including minors who are authorized to pick up participant. (i.e. a school I.D. or passport.)*)

By signing below, you agree to show identification **EVERY DAY** at pick-up and agree to notify all authorized individuals that identification is required. Additionally, you understand that children will not be released to anyone not listed. Finally, refusal of showing identification will result in your child's termination from camp.

**Note: The registering parent/guardian does not have to list themselves**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_

4. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_

5. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_