



REGISTRATION FORM

NAME OF CHILD:		BIRTHDATE:
ADDRESS:		
MOTHER'S OR GUARDIAN'S NAME:	DAY PHONE:	CELL:
MOTHER'S WORKPLACE NAME AND PHONE NUMBER:		
FATHER'S OR GUARDIAN'S NAME:	DAY PHONE:	CELL:
FATHER'S WORKPLACE NAME AND PHONE NUMBER:		
CHILD'S SCHOOL IN SEPTEMBER 2017:	SHIRT SIZE (PLEASE CIRCLE ONE) YSM(6/8) YM(10/12) YL(14/16) ASM AM ALG AXLG	

AGREEMENT, WAIVER AND RELEASE FOR MINOR

In consideration for being permitted by the Reading Recreation Commission ("RRC") to participate in the Summer Playground Activities, I, the UNDERSIGNED, certify that I have legal custody or am the natural or appointed guardian of said minor, and I agree to be bound by the following:

1. Participation in Program: The Summer Playground Program provides a variety of activities for children including, but not limited to, contact sports, playing on playground equipment, arts and crafts, social activities, active games and quiet games. Some hazards associated with these activities include but not limited to, injuries associated with contact sports and injuries associated with playing on playground equipment, sun burns, heat exhaustion, insect bites, bee stings, and minor injuries associated to using scissors, game equipment and various other supplies and materials. Ages for the program are: 6 to 14 years only!

2. Condition of Program: I understand that the abovementioned programs are not child care, but are considered by RRC to be drop-in recreational programming, meaning that children will not receive structured care and supervision. Children have the right to come and go from RRC facilities and staff will not supervise them to prevent them from leaving.

3. Medical Attention: I hereby give my consent that in the event said minor should require medical treatment while under the supervision of RRC's personnel in connection with the above described activity, such personnel may authorize treatment that he or she deems necessary. I also agree to pay all medical, hospital or other expenses which said minor may incur as a result.

4. Waiver, Release and Indemnification: I hereby waive, release and discharge any and all claims in advance against RRC (including its directors, officers, employees and agents) from and against any and all liability arising out of or connected in any way with said minor's participation in the above described activities, even though that liability may arise out of negligence or carelessness on the part of RRC (or its directors, officers, employees or agents) for damage for personal injury, death or property damage which I or said minor may have or which may hereafter accrue as a result of participation in said activity. It is understood and agreed that this waiver, release and assumption of risks is to be binding on the heirs and assigns of said minor and the undersigned. I further agree to reimburse or make good any loss or damage or cost that RRC (or its directors, officers, employees or agents) may have to pay if any litigation arises on account of any claim made by said minor or by anyone on behalf of said minor.

5. Promotion: I hereby give consent to the Reading Recreation Commission to photograph said minor. I understand the picture may be included in program promotional materials, and/or in the promotion of RRC's Summer Playground Program in the newspaper, slide shows or other media. Any use of pictures of playground participants are for RRC's charitable purposes only.

I have carefully read this Waiver or Liability, Medical Release and Indemnification Agreement and fully understand its contents. I am aware that this is a release of Liability and a contract between myself and the Reading Recreation Commission.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** ____ / ____ / ____

320 S. 3rd Street, Reading, PA 19602 ~ Phone: 610.655.6201 ~ Fax: 610.655.6130 ~ www.readingrec.org

For information call Heather Boyer 610.655.6203

Please complete reverse side



Reading Recreation Commission 2018 Summer Playground Program



EMERGENCY INFORMATION

NAME OF CHILD:		BIRTHDATE:
ADDRESS:		
MOTHER'S OR GUARDIAN'S NAME:	DAY PHONE:	CELL:
MOTHER'S WORKPLACE NAME AND PHONE NUMBER:		
FATHER'S OR GUARDIAN'S NAME:	DAY PHONE:	CELL:
FATHER'S WORKPLACE NAME AND PHONE NUMBER:		
NAME OF CHILD'S PHYSICIAN OR SOURCE OF MEDICAL CARE:		PHONE:
ADDRESS OF PHYSICIAN:		
ALLERGIES OR SPECIAL CONDITIONS:		
MEDICATIONS, DOSAGE, TIMES TO BE TAKEN:		
RESTRICTED ACTIVITIES, IF ANY:		
HEALTH INSURANCE:	POLICY #:	
The following individuals are authorized to drop off (sign in) and pick up (sign out) my child:		
First and last name:	Phone:	
First and last name:	Phone:	
First and last name:	Phone:	

•In the event of an emergency I understand that I am responsible for all expenses should my child need medical treatment. •I give my permission for the Reading Recreation Commission staff to authorize necessary medical treatment including authorizing my child to be taken to the nearest hospital facility in the event of an emergency. •I give my permission for Reading Recreation Commission staff to administer my child's medicine according to my written instructions on this form. •I will be asked to pick up my child from playground if he/she has a contagious illness or condition.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** ____ / ____ / ____

Do not write below this line

Total Amount Due: \$75.00 (resident rate | includes all trip fees) \$100.00 (non-resident rate | includes all trip fees) **Total Amount Received:** \$ _____

Paid by: ___ CASH ___ CHECK _____ CHECK NUMBER

Received by: _____

Date Received: ____ / ____ / ____