

READING RECREATION COMMISSION – CITY PARK

2013 PLAYGROUND REGISTRATION FORM

JUNE 17 – AUGUST 9th

Monday – Friday ~ 12:30pm – 5:00pm

PLEASE PICK YOUR CHILD UP ON TIME!!!! LATE PICK-UPS WILL BE ASSESSED A FEE OF \$5.00 PER 15 MINUTES PAST 5:15PM

Child's Name	Date of Birth	Grade in Sept.	Address	Daytime Phone Number	Evening Phone Number	Parent/Legal Guardian Name	T-shirt size

I hereby give my child(ren) permission to participate in the Reading Recreation Commission's Playground Program for the summer of 2013. He/She/They may participate in athletic and/or non-athletic events and activities as part of the playground program, unless listed under restricted activities on the Emergency Information Form. I understand that the Reading Recreation Commission may participate in supplemental playground programming that includes athletic leagues, events, and field trips. I realize that I am required to pay \$25.00 per child to participate in this year's program. I acknowledge that field trips and activities away from the park/playground may require me to pay additional fees throughout the summer in order for my child(ren) to participate in them. I understand that some events take place away from the playground and give my child(ren) permission to participate in the transportation program or I will transport my child(ren) myself. I understand that the Reading Recreation Commission Playground Program is not a daycare or babysitting service and that my child(ren) may participate in any activity unless prohibited in writing by a staff member or me. My child is between the ages of 6 – 12. I agree to complete an Emergency Information Form for each child (more than one child in a household may be on the same form) to remain on file. I also understand that in order for my child(ren) to participate in the summer playground program we must be a resident of the City of Reading I hereby certify with my signature below, that my child(ren) and I are City of Reading residents.

Parent/Legal Guardian Signature _____ **Date** _____

Printed Name of Parent/Guardian _____

Authorized individuals to drop-off and pick-up child/children _____

My child(ren) are allowed to walk home from the playground program: YES NO (please circle)

Do not write below this line

Number of children registering @ \$25.00 each: _____ **TOTAL:** _____

Paid by cash _____ Check _____

Received by _____ Date _____