



# South Burlington Recreation & Parks Department

## REC. PLAYGROUND PROGRAM AT CENTRAL Registration/Information Form 2010

This form needs to be filled out completely by a parent or guardian and mailed or dropped off with payment to the Recreation Department. One form per child must be filled out. You may copy this form if needed or it is available on our website.

### PARTICIPANT'S INFORMATION:

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ School: \_\_\_\_\_ Grade Completed as of June '10: \_\_\_\_\_

How would you describe your child? [ ] Shy [ ] Outgoing [ ] A Leader [ ] A Follower

Additional Description \_\_\_\_\_

### MEDICAL INFORMATION:

Child's Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medical Insurance Coverage: (Name of Family Insurance Co.) \_\_\_\_\_

Please list any of the following:

Food Allergies: \_\_\_\_\_

General Allergies: \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

Chronic or Recurring Illness: \_\_\_\_\_

Current Medication being taken: \_\_\_\_\_

Does your child have any special medical concerns or behaviors of which we should be aware?

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

### FAMILY INFORMATION:

Mom's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Emergency Contact People:** (Will be used if parents cannot be reached)

	<u>Contact Person</u>	<u>Relationship</u>	<u>Phone #</u>
1.	_____	_____	_____
2.	_____	_____	_____

**Authorized Pick-up People:** (The following people have my permission to pick-up my child from the Playground Program)

	<u>Person's Name</u>	<u>Relationship</u>	<u>Phone #</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

### WAIVER AGREEMENT

I attest that the information above is true and correct to the best of my knowledge, and I am fully aware of the risk inherent and hereby give my consent for my child, listed above, to participate in the Playground Program. I agree to hold harmless the South Burlington Recreation & Parks Department, the City of South Burlington, its employees, elected officials, and any paid or volunteer staff from any and all liability from any injury, claims, costs, or loss of service which might be incurred by participation in said Playground Program or related activities or events. I understand that medical insurance coverage is not provided. Permission is hereby granted for my child to receive emergency treatment, if needed and I authorize the attending physician to administer any necessary medical attention.

**CONSENT:** I hereby consent to and authorize the South Burlington Recreation & Parks Dept. the rights to publish, reproduce, and use for advertising purposes, any photograph, video image, audio recording, or any other likeness of myself and/or my family.

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