

Village of Phelps

Youth, Parks and Recreation

Summer Playground Registration

Child's name: _____ Birth Date: _____
Address: _____ Age: _____
Phone: _____ Cell Phone: _____ Gender: M / F
E-mail address: _____
Parent's Name _____ Work Phone: _____
Address: _____
Insurance Info: _____ Policy # _____
Emergency Contact _____ Phone: _____
Address: _____

Allergies: _____

Any other medical concerns: _____

I hereby give the Village of Phelps Recreation staff permission to seek medical attention for my child if it is a life threatening situation or if they are unable to reach any of the people above.

Signature: _____ Date: _____

I hereby give permission to have _____ photographed and used in the local newspaper or summer playground album. I release the Village of Phelps from liability.

Signature _____ Date: _____

I also understand that if my child decides to leave during the hours of operation that he/she are not allowed back into the program until the next day and the Village of Phelps is not responsible for the behaviors or actions of my child. Signature: _____

Appropriate for Ages 5-13, Grades K-8; Mon.-Fri. 1:00-4:00
2017 Summer Recreation dates 06/26/17 – 08/11/17.