

HALFMOON TOWNSHIP SUMMPER PARK AND RECREATION PROGRAM
(Available to Halfmoon Township Residents Only)

REGISTRATION

CHILD INFORMATION:

Full Name: _____
Age: _____ Birth Date: _____
Child Lives With: _____

PARENT/GUARDIAN INFORMATION:

Full Name: _____
Relationship: _____
Address: _____

Home #: _____ Work #: _____

Full Name: _____
Relationship: _____
Address: _____

Home #: _____ Work #: _____

I verify that I am the parent/guardian of the above named child and am a resident of Halfmoon Township. Yes No

OTHER EMERGENCY CONTACT:

Name: _____
Relationship: _____
Home #: _____ Work #: _____

MEDICAL INFORMATION:

Physician Name: _____
Phone #: _____
Specify Any Allergies: _____

Specify Any Medications Being Administered (Halfmoon Township CANNOT Administer Medication): _____

Specify Any Emotional/Learning Problems, Special Needs, etc.: _____

Indicate Any Physical Activities To Be Restricted: _____

Medical Problems: _____

Health care authorization (must be completed for participation):

If I am unavailable for purposes of providing parental consent, I hereby authorize the physician(s) and staff of the Emergency/Outpatient Department of Mount Nittany Medical Center to provide care that includes routine diagnostic procedures (i.e., x-rays, blood and urine tests) and medical treatment as necessary to my minor son/daughter. I understand that the consent and authorization herein granted do not include major surgical procedures and are valid only during the program. I/We agree to the release of any records necessary for treatment, referral, billing, or insurance purposes to the appropriate medical care provider.

Signature of parent/guardian Date

Release (must be completed for participation):

I, the undersigned, individually and as parent(s) and guardian(s) of _____, a minor, ask that he/she be admitted to participate in the Summer Park and Recreation Program sponsored by Halfmoon Township. In consideration of such admission, I do hereby agree to release, discharge, and hold harmless Halfmoon Township, its officers, agents, and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the Summer Park and Recreation Program or in the course of activities held in connection with the Summer Park and Recreation Program.

Signature of parent/guardian Date

I allow the named child to participate in the SUMMER PARK AND RECREATION PROGRAM offered by HALFMOON TOWNSHIP.

I have read and understand that all rules and regulations will be adhered to and agree to help uphold these rules. It is understood that the final disposition of an emergency situation, the judgment of the HALFMOON TOWNSHIP PARK DIRECTOR or Emergency Personnel will prevail.

SIGNATURE: _____ **DATE:** _____

THIS FORM MUST BE COMPLETED AND RETURNED TO HALFMOON TOWNSHIP BEFORE THE FIRST DAY OF ATTENDANCE