



301 W. Maple St.
 Lititz, Pa 17543
 717-626-5096
www.lititzrec.com

Lititz recCenter Playground Program

EMERGENCY CONTACT FORM

Location _____

Child(ren) Name(s): _____ Date of Birth(s): _____

Address: _____ Municipality: _____

Mother's Name: _____ Phone Number: _____

Father's Name: _____ Phone Number: _____

Emergency Contact if parent(s) cannot be reached / Person(s) to whom child may be released:

Name: _____ Phone #: _____

List the following person(s) that you give permission to drop off/pick up your child(ren) from the program:

Name: _____ phone #: _____

Name: _____ phone #: _____

Health Insurance Provider: _____ Policy # _____

Group # _____ Hospital Preference: _____

Does the child have any allergies? (Including medication) Yes No

If yes, please explain: _____

Some program activities are rigorous; are there any restrictions or conditions that would prevent your child from being involved in these programs? Yes No

If yes, please explain: _____

Is there any additional information that we need to know? _____

This information is true to the best of my knowledge and I hereby give the Lititz recCenter Staff the permission to provide the best possible emergency procedure available. I also understand that some programs, as with any physical activity, can be hazardous and injuries may occur.

I also release the Lititz recCenter, Lititz, PA, and its employees, and volunteer staff from any responsibility/liability in the case of my child incurring an injury during the course of the program.

I understand that my child may be photographed in group situations or individually during this program. I hereby give consent for such photos to be published in newspaper articles or for advertising purposes.

Signature _____ Date _____