SLIPPERY ROCK AREA PARKS & RECREATION PLAYSAFE REGISTRATION FORM

2012-2013

Circle school that your child attends: HARME	R MORAINE SRAE
Child's Name	Grade
Teacher	
Child's Name	Grade
Teacher	
Mother/Legal Guardian Name:	Father/Legal Guardian Name:
Address	Address
CityZip	CityZip
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
E-Mail:	E-Mail:
child. If you are divorced, please list othe pick-up your child. If there is a court orde Park office. 1. Name 2. Name	r involved, please provide a copy to the
3. Name	
4. Name	· · · · · · · · · · · · · · · · · · ·
Names of emergency contact, if parent is 1. Name	
2. Name	Number
I give my permission for my child to participate	e in walking field trips as part of Playsafe.

MEDICAL INFORMATION AND RELEASE

Please list the following: Allergies Medical conditions Behavior concerns Child's Name Please list the following: Allergies Medical conditions Behavior concerns Medical conditions Behavior concerns , the parent/guardian will be responsible for any undue or unseen cost associated with the medical treatment or transportation of my child. I will not hold Slippery Rock Area Parks & Recreation and/or Slippery Rock School District and their employees, volunteer agents, or servants, liable. Parent/Guardian Signature: Date: ALL ATTEMPTS WILL BE MADE TO CONTACT PARENT AND/OR EMERGENCY CONTACT FIRS In case of a medical emergency: (please select) Nearest emergency service vehicle Other (specify) Emergency medical care at the nearest medical facility Other (specify)	Allergies Medical conditions Behavior concerns Child's Name Please list the following: Allergies Medical conditions Behavior concerns Medical conditions Behavior concerns , the parent/guardian will be responsible for any undue or unseen cost associathe medical treatment or transportation of my child. I will not hold Slippery Roce Parks & Recreation and/or Slippery Rock School District and their employees, agents, or servants, liable. Parent/Guardian Signature: Date: ALL ATTEMPTS WILL BE MADE TO CONTACT PARENT AND/OR EMERGENCY CONTAIN Case of a medical emergency: (please select) Nearest emergency service vehicle Other (specify) Emergency medical care at the nearest medical facility Other (specify)	_
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	My child/children and I agree to abide by the Park's rules and regulations i	,
	My child/children and I agree to abide by the Park's rules and regulations	_
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order to maintain the safety and security of this program.	order to maintain the safety and security of this program.	
		
	Parent/Guardian Signature Date	