

**SLIPPERY ROCK AREA PARKS & RECREATION
PLAYSAFE REGISTRATION FORM**

2012-2013

Circle school that your child attends: HARMER MORaine SRAE

Child's Name _____ Grade _____

Teacher _____

Child's Name _____ Grade _____

Teacher _____

Mother/Legal Guardian Name:

Address _____

City _____ Zip _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-Mail: _____

Father/Legal Guardian Name:

Address _____

City _____ Zip _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-Mail: _____

Please list at least two names, beside yourself, whom you authorize to pick-up your child. If you are divorced, please list other parent's name, if they are permitted to pick-up your child. If there is a court order involved, please provide a copy to the Park office.

1. Name _____

2. Name _____

3. Name _____

4. Name _____

Names of emergency contact, if parent is unavailable:

1. Name _____ Number _____

2. Name _____ Number _____

I give my permission for my child to participate in walking field trips as part of Playsafe.

Parent signature _____

MEDICAL INFORMATION AND RELEASE

Child's Name _____

Please list the following:

Allergies _____

Medical conditions _____

Behavior concerns _____

Child's Name _____

Please list the following:

Allergies _____

Medical conditions _____

Behavior concerns _____

I, 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, volunteers, agents, or servants, liable.

Parent/Guardian Signature: _____

Date: _____

ALL ATTEMPTS WILL BE MADE TO CONTACT PARENT AND/OR EMERGENCY CONTACT FIRST

In case of a medical emergency: (please select)

_____ Nearest emergency service vehicle

_____ Other (specify) _____

_____ Emergency medical care at the nearest medical facility

_____ Other (specify) _____

The Park **will not** be responsible for any toys, hand held games or personal belongings your child/children brings to Playsafe.

My child/children and I agree to abide by the Park's rules and regulations in order to maintain the safety and security of this program.

Parent/Guardian Signature

Date