

Shoemakersville Park Program Registration Form 2019

Child's Name: _____ Date of Birth: _____

Home Address: _____

(Child must be 8 years old or accompanied by an adult at all times)

CONTACT INFORMATION

Parent/Guardian's Name: _____

Home Phone: _____ Cell Phone: _____

Email: _____

I am willing to be a park program volunteer! Contact me.

Alternate Contact Name: _____

Home Phone: _____ Cell Phone: _____

Email: _____

I am willing to be a park program volunteer! Contact me.

EMERGENCY CONTACT

Name: _____

Home Phone: _____ Cell Phone: _____

Relationship to child: _____

Email: _____

CHILD MEDICAL INFORMATION

Allergies: _____

Does your child carry an EpiPen for allergies? Yes No

Does your child carry prescription medication? Yes No

If "yes", please list medication (**We do not administer medications!**)

Are there any other medical condition you need to bring to our attention? Yes No
(If yes, provide details)

MEDICAL CONTACT INFORMATION

Doctor's Name: _____

Phone Number: _____

Preferred Hospital: _____

PERMISSION TO BE PHOTOGRAPHED

Sometimes photos appear in the Hamburg Item and Shoemakersville Park Program Facebook Page

My child **MAY BE** photographed

My child **MAY NOT BE** photographed

PERMISSION TO LEAVE PARK

As a parent/guardian, I understand that the Park Leaders will do their best to ensure that my child remains at the Park Program for the designated times however, I understand that the Park Leaders are not ultimately responsible if my child chooses to leave the park prior to the program ending at 1:00 PM.

My child **has my permission** to leave park program between 9AM-1PM

My child **does not have my permission** to leave park program between 9AM-1PM

Please communicate this to your child!

WAIVER OF LIABILITY

I give permission for my child to attend the 2019 Shoemakersville Park Program and to participate in all playground activities.

I hereby certify that to the best of my knowledge all information contained herein is true and correct.

I understand that the Borough, its employees and or volunteers neither assumes nor accepts liability or any responsibility for bodily injury or property damage incurred while participating in the summer program.

I understand that my child and I must comply with the rules and regulations of the summer program.

I authorize my child to be transported in case of emergency to the hospital I specified above to receive medical treatment if needed.

Parent/Legal Guardian Signature _____ Date _____

Print Name of Parent/Legal Guardian _____

Shoemakersville Park Program Rules and Consequences

The Shoemakersville Park has provided Children with fun, organized and safe activities for over 60 years. This is a free program and the park remains open to the public during program hours.

As a reminder, the Park Program is not a daycare facility. Our leaders are not certified daycare teachers. We expect the children as well as parents be respectful to our leaders and review the following rules.

- Show **RESPECT** to playground leaders and other youth at all times.
- All rules and regulations posted by the Borough of Shoemakersville apply to anyone who attends the playground. Park leaders will enforce the Borough Park rules and regulations.
- Children must be at least **8** years of age and not older than 16 years of age to participate in playground activities. **Younger children may attend but must be accompanied by an adult.**
- No swearing or obscene gestures will be tolerated.
- No fighting of any kind.
- No bullying.- **May warrant immediate removal from program.**
- No smoking
- Keep your hands to yourself. Including displays of affection.
- Report any strange occurrences/people to a park leader immediately!
- Have fun and enjoy your summer.
- No knives or sharp objects.
- No horse play in pavilion.
- **Please return equipment after you are finished with it!!**

Consequences of Rule Violations

First offense -----Warning

Second offense ---Benched for 15 minutes or longer depending on offense

Third offense --- Leave playground for the day or whatever length of time fits the offense and **PARENTS WILL BE NOTIFIED IMMEDIATELY.**

Consequences are up to the discretion of the playground leaders. Each offense will be reviewed on an individual basis. Occurrences will be documented.

Park leaders will inform a Rec. Board member ASAP if Child/children had to be told to leave the park and reason for the consequence. Any damage to the park or playground equipment will be reported to a Rec. Board member/Borough of Shoemakersville.

I, _____ and _____, have read and reviewed
(Youth's name) (Parent/Guardian Name)

Park Program rules for the 2019 Summer Park Program, and agree to abide by these rules.

(Park Copy)

Shoemakersville Park Program – Shoemakersville Pool Visits

Dear Parents,

It is our pleasure to announce that the *Shoemakersville Pool* has invited the children without season passes to join in the fun at the pool on Wednesday's. This will be free of charge to all children who **regularly** attend the park program. The park will go to the pool from 1:00 PM - 4:00 PM on Wednesdays. Each child must be put on a sign in sheet by the park leaders and have this permission slip signed by a parent or they will not be permitted to attend.

Please keep in mind that the park leaders will be responsible for behavior at the pool. Lifeguards are responsible for the safety of all pool patrons and are not baby sitters. Children are expected to abide by the Shoemakersville Pool Rules and Lifeguard instructions. **Each child will have a swim test on the first day of swimming with the park program.** Please have your child at the park no later than 1:00PM if they will be going to the pool. All children must be picked up at the pool by **4:00PM.**

Children must be ages 8-16 years old, **there are no exceptions!** A younger child must be accompanied by an adult. Adults must pay to enter the pool if they do not have a season pass.

By signing this permission slip, the following child or children will be permitted to attend the 7 week park at the pool program. **We will not attend the pool the first week of Park program.**

Child or Children's Names: _____

Parent Signature: _____

Date: _____

(Park Copy)