

Benner Township Summer Park & Recreation 2015

REGISTRATION FORM

Please return this form with registration fee to:
Benner Township Municipal Building, 1224 Buffalo Run Road, Bellefonte, PA 16823

Personal Information

Participant's Name (First, Last) _____
Birth date _____ Age (as of June 1, 2015) _____ Grade level (for 2015-16) _____
Parent/Guardian Name(s) _____
Street Address _____
City, State, Zip _____
Home Phone _____
Work Phone (with names) _____
Cell Phone / other important numbers _____
E-MAIL _____

Medical Information

Participant's Physician Name _____
Physician's Location _____
Physician's Phone Number _____
Medical Insurance Provider _____
Medical Insurance Policy # _____
List ANY allergies (food, environmental, etc.) _____
List ANY other conditions (medical, situational, etc.) _____

Emergency Information

Emergency contacts (other than parents/guardians) _____
Emergency phone number(s) _____

Registration

___ \$35 per Benner Township resident (proof of residency required upon request)
___ \$125 per Non-Benner Township resident What township do you reside? _____

*Make checks payable to: **BENNER TOWNSHIP**

Participant Pick-up

List the names of the individuals that are permitted to pick-up and transport your child from camp other than the persons listed on the Parent/Guardian line above:

NAME _____ NAME _____
NAME _____ NAME _____

SEE OTHER SIDE

Planned Absence

In order to assist in planning our camp, please indicate the dates below if you are aware that your family has a planned vacation and won't be attending camp.

We will not be attending camp during the week of _____

Benner Township Summer Park & Recreation 2015 REGISTRATION FORM "EMERGENCY MEDICAL CONSENT"

Participant's Name(s) (First, Last) _____

Please check ONE of the following options and sign below:

_____ I, the parent/guardian of the above named participant(s), give my permission for the emergency medical treatment to be provided and given to my son/daughter by the specified physician as listed on the previous information page or transported to and treated at a hospital as needed and coordinated by the Benner Township Park & Rec staff. I give permission for the Benner Township Park & Rec staff to administer basic first aid treatment if the medical condition is not life threatening or does not require further professional medical attention. I acknowledge that I and/or the specified emergency individuals will be contacted by phone at the specified emergency numbers provided as soon as any medical emergencies arise.

_____ I, the parent/guardian of the above named participant(s), do not give my permission for emergency medical treatment to be provided or given to my son/daughter by the specified physician or transported to and treated at a hospital. I only wish for basic first to be administered by the Benner Township Summer Park & Rec staff in the case of a medical emergency. I acknowledge that I and/or the specified emergency individual(s) will be contacted by phone at the specified emergency numbers provided as soon as any medical emergency arise for further parental/guardian instruction. I understand that the specified physician and/or hospital will not be contacted nor the participant be transported from the place of illness or injury to any other location until I or the emergency individual (s) give consent in person.

Parent/Guardian Name PRINTED

DATE

Parent/Guardian SIGNATURE

DATE

****** Please note: If your child requires an inhaler or epi-pen it must be brought to camp daily and in it's original container with the original pharmacy label. Failure to have these needed medications at drop off will result in denial of admittance to camp until medication(s)/and instructions are received.**

RELEASE

I/We, _____ am/are the parent(s) or legal guardian(s) of _____ ("Child"). My Child has my permission to participate in the 2015 Benner Township Park and Recreation Summer Program. I/We acknowledge that my/our Child's participation in this event is completely voluntary. Further, I/we agree to fully remise, release, quitclaim and forever discharge Benner Township, its employees, agents and volunteers from any and all claims, counterclaims, rights, demands, costs, damages, losses, liabilities, actions and causes of action of every nature and description that might arise to me/us, or the Child named herein, whether known or unknown, suspected or unsuspected, foreseen or unforeseen, real or imaginary, actual or potential and whether existing at law or in equity, under the common law, state law, federal law or any other law, and which are in any way related to or arise out of the my/our Child's participation in the 2015 Benner Township Park and Recreation Summer Program.

IN WITNESS WHEREOF, intending to be legally bound, I/we hereby execute this Release on this _____ day of _____, 2015.

Parent/Legal Guardian

Name: _____

Signature: _____

Parent/Legal Guardian

Name: _____

Signature: _____