

**Benner Township Summer Park & Recreation 2024**  
**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, 2024) \_\_\_\_\_ Grade level (for 2024-25) \_\_\_\_\_  
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**

\_\_\_ **\$50** per Benner Township resident (proof of residency required upon request)  
\_\_\_ **\$150** 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 2024 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

**\*\*\*Please note: If your child requires an inhaler or epi-pen it must be brought to camp daily and in its 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.**