

**LOWER NAZARETH TOWNSHIP
2019 SUMMER PARK PROGRAM
REGISTRATION FORM**

Staff Use Only
Individual Add Child
Resident Rate \$30/wk \$25/wk
Non-Resident Rate \$40/wk \$35/wk
weeks _____ Amount Due _____

Children must be at least 5 years old and under 13 years old at the start of the program

Child's Name _____

Birthdate _____ Grade (current) _____

Home Address _____

Township _____

Mother's Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Father's Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Emergency Contact (other than parent) Name _____ Phone _____

Parent's Email Addresses (for program notifications) _____

Please select the week(s) you wish to register for the program. Please note only 150 children are permitted to register for each week.

Week #1 - June 17th - June 21st
Beach Week

Week #4 - July 8th - July 12th
Summer Vacation Road Trip Week

Week #2 - June 24th - June 28th
Space Week

Week #5 - July 15th - July 19th
Anything Goes Week

Week #3 - July 1st - July 5th
Party in the USA Week

Week #6 - July 22nd - July 26th
Disney Cruise Week

***** NO REFUNDS WILL BE GIVEN UNDER ANY CIRCUMSTANCES *****

Individuals child may be released to (other than parents):

Name	Phone Number	Relationship

Please complete medical information on page 2

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Child's Name _____

Please indicate if participant have any of the following conditions (please circle or mark N/A): _____

epilepsy	deafness	hernia	heart problems	skin disease
diabetes	asthma	ear or sinus trouble	lung/breathing	other

Comments: _____

List any allergies, wich require medical treatment: _____

Please indicate if participant have any physical restrictions: _____

Is participant now or has he/she been under a physician's medical care within the past year? _____

Is participant on any medication? Please list: _____

State any other conditions staff should be aware of: _____

My child is physically capable of participating in the Program. In consideration of your accepting my child to the program I, the undersigned, for myself, my child, our heirs, executors, and administrators, do hereby release, absolve, exonerate, indemnify and hold harmless Lower Nazareth Township, its successors and assigns, officers, employees, agents, servants, and contractors, from and against all actions, claims, demands, losses, damages, injuries, costs and expenses, including attorney's fees, arising from participation in the Summer Park Program, all of its related activities, and use of the lands and facilities of Lower Nazareth Township. I request that in my absence my child be admitted to any hospital or medical facility for diagnosis and treatment and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I understand that I have not been given a guarantee as to the results of the examination or treatment of my child and every attempt shall be made to contact me via the information listed above. I also assume the financial responsibility for any such treatment for my child.

I understand that all information will be kept confidential, but may be used by the Township Staff in the event of an emergency.

Parent / Guardian Signature _____

Date _____