

**BOROUGH OF ST. LAWRENCE  
PLAYGROUND REGISTRATION FORM - SUMMER 2025**

|                     |                   |
|---------------------|-------------------|
| CHILD'S NAME: _____ | BIRTH DATE: _____ |
| CHILD'S NAME: _____ | BIRTH DATE: _____ |
| CHILD'S NAME: _____ | BIRTH DATE: _____ |
| CHILD'S NAME: _____ | BIRTH DATE: _____ |

**EMERGENCY CONTACT INFORMATION**

**PARENTS OR LEGAL GUARDIAN INFORMATION:**

|                        |                        |                                |
|------------------------|------------------------|--------------------------------|
| _____<br><b>MOTHER</b> | _____<br><b>FATHER</b> | _____<br><b>LEGAL GUARDIAN</b> |
|------------------------|------------------------|--------------------------------|

**CHILD'S HOME ADDRESS**

|                |                               |                                    |                |
|----------------|-------------------------------|------------------------------------|----------------|
| BOTH PARENTS   | MOTHER                        | FATHER                             | LEGAL GUARDIAN |
| MOTHER         | _____<br>DAYTIME PHONE NUMBER | _____<br>CELL PHONE NUMBER         |                |
|                | _____<br>EMPLOYER             | _____<br>EMPLOYER TELEPHONE NUMBER |                |
| FATHER         | _____<br>DAYTIME PHONE NUMBER | _____<br>CELL PHONE NUMBER         |                |
|                | _____<br>EMPLOYER             | _____<br>EMPLOYER TELEPHONE NUMBER |                |
| LEGAL GUARDIAN | _____<br>DAYTIME PHONE NUMBER | _____<br>CELL PHONE NUMBER         |                |
|                | _____<br>EMPLOYER             | _____<br>EMPLOYER TELEPHONE NUMBER |                |

**EMERGENCY CONTACT:**

|                     |                                |
|---------------------|--------------------------------|
| _____<br>NAME       | _____<br>TELEPHONE             |
| _____<br>CELL PHONE | _____<br>RELATIONSHIP TO CHILD |

**WAIVER OF LIABILITY:**

I hereby give permission for my child(ren) to attend the Borough of St. Lawrence Summer Playground program and to participate in all playground activities. I understand that the Borough neither assumes nor accepts any responsibility for bodily injury or property damage while participating in the summer program. I understand that I and my child(ren) must comply with the rules and regulations of the summer program.

\_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
DATE

**REMINDER: CHILDREN 6 YEARS OF AGE OR YOUNGER MUST BE ACCOMPANIED BY AN ADULT**

**REVERSE SIDE MUST BE COMPLETED**

**MEDICAL CONTACT INFORMATION:**

\_\_\_\_\_  
**DOCTOR**

\_\_\_\_\_  
**TELEPHONE**

\_\_\_\_\_  
**DENTIST**

\_\_\_\_\_  
**TELEPHONE**

**CHILD(REN)'S MEDICAL INFORMATION**

CHILD'S NAME \_\_\_\_\_

ALLERGIES \_\_\_\_\_

DOES YOUR CHILD CARRY PRESCRIPTION MEDICATION?

YES

NO

IF YES, PLEASE LIST MEDICATIONS: \_\_\_\_\_

\_\_\_\_\_  
LIST ANY OTHER MEDICATIONS: \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

ALLERGIES \_\_\_\_\_

DOES YOUR CHILD CARRY PRESCRIPTION MEDICATION?

YES

NO

IF YES, PLEASE LIST MEDICATIONS: \_\_\_\_\_

\_\_\_\_\_  
LIST ANY OTHER MEDICATIONS: \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

ALLERGIES \_\_\_\_\_

DOES YOUR CHILD CARRY PRESCRIPTION MEDICATION?

YES

NO

IF YES, PLEASE LIST MEDICATIONS: \_\_\_\_\_

\_\_\_\_\_  
LIST ANY OTHER MEDICATIONS: \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

ALLERGIES \_\_\_\_\_

DOES YOUR CHILD CARRY PRESCRIPTION MEDICATION?

YES

NO

IF YES, PLEASE LIST MEDICATIONS: \_\_\_\_\_

\_\_\_\_\_  
LIST ANY OTHER MEDICATIONS: \_\_\_\_\_