

**BOROUGH OF ST. LAWRENCE
PLAYGROUND REGISTRATION FORM - SUMMER 2023**

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:

_____	_____	_____
MOTHER	FATHER	LEGAL GUARDIAN

CHILD'S HOME ADDRESS

BOTH PARENTS	MOTHER	FATHER	LEGAL GUARDIAN
MOTHER	_____	_____	_____
	DAYTIME PHONE NUMBER		CELL PHONE NUMBER
	_____	_____	_____
	EMPLOYER		EMPLOYER TELEPHONE NUMBER
FATHER	_____	_____	_____
	DAYTIME PHONE NUMBER		CELL PHONE NUMBER
	_____	_____	_____
	EMPLOYER		EMPLOYER TELEPHONE NUMBER
LEGAL GUARDIAN	_____	_____	_____
	DAYTIME PHONE NUMBER		CELL PHONE NUMBER
	_____	_____	_____
	EMPLOYER		EMPLOYER TELEPHONE NUMBER

EMERGENCY CONTACT:

_____	_____
NAME	TELEPHONE
_____	_____
CELL PHONE	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: _____