

**BOROUGH OF ST. LAWRENCE  
PLAYGROUND REGISTRATION FORM - SUMMER 2024**

CHILD'S NAME: _____	BIRTH DATE: _____
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**EMERGENCY CONTACT INFORMATION**

**PARENTS OR LEGAL GUARDIAN INFORMATION:**

_____ <b>MOTHER</b>	_____ <b>FATHER</b>	_____ <b>LEGAL GUARDIAN</b>
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**CHILD'S HOME ADDRESS**

<b>BOTH PARENTS</b>	<b>MOTHER</b>	<b>FATHER</b>	<b>LEGAL GUARDIAN</b>
<b>MOTHER</b>	_____ <b>DAYTIME PHONE NUMBER</b>	_____ <b>CELL PHONE NUMBER</b>	
	_____ <b>EMPLOYER</b>	_____ <b>EMPLOYER TELEPHONE NUMBER</b>	
<b>FATHER</b>	_____ <b>DAYTIME PHONE NUMBER</b>	_____ <b>CELL PHONE NUMBER</b>	
	_____ <b>EMPLOYER</b>	_____ <b>EMPLOYER TELEPHONE NUMBER</b>	
<b>LEGAL GUARDIAN</b>	_____ <b>DAYTIME PHONE NUMBER</b>	_____ <b>CELL PHONE NUMBER</b>	
	_____ <b>EMPLOYER</b>	_____ <b>EMPLOYER TELEPHONE NUMBER</b>	

**EMERGENCY CONTACT:**

_____ <b>NAME</b>	_____ <b>TELEPHONE</b>
_____ <b>CELL PHONE</b>	_____ <b>RELATIONSHIP TO CHILD</b>

**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.

_____ <b>SIGNATURE OF PARENT OR LEGAL GUARDIAN</b>	_____ <b>DATE</b>
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**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: \_\_\_\_\_