Borough of West Reading
Playground Registration Form
(Registering after 6/7/19, add $20 late fee)

WEST READING
recreation

PARENT/GUARDIAN NAME _____

ADDRESS: _____CITY_____ZIP_____

PHONE NUMBER _____   CELL NUMBER _____

EMAIL _____ EMERGENCY NUMBER _____

PLAYGROUND (Check One) ☐ HALF DAY PROGRAM $150.00 ☐ FULL DAY PROGRAM $300.00		
AGE GROUP 5-12 YEARS OLD CHILD MUST 5 YEARS OLD BY 9/1/19 NO EXCEPTIONS		
CHILD'S NAME	DATE OF BIRTH	FEE

T-shirt Size: | Youth   S   M   L   XL | or | Adult   S   M   L   XL |

EMERGENCY CONTACT	
Name:	
Home Phone:	Cell Phone:
Relationship to Child:	

TRIP & LUNCH PLAN (must be paid before program starts)	
Trip Fee $75.00 ☐ YES ☐ NO	Lunch Plan $200.00 ☐ YES ☐ NO

WAIVER OF LIABILTY

I hereby give permission for my child to attend the Borough of West Reading Summer Playground Program and to participate in all playground activities unless listed. I understand that the Borough neither assumes nor accepts any responsibility for bodily injury or property damage while participating in the summer program. I acknowledge that field trips and activities away from the West Reading Playground may require me to pay additional fees throughout the summer in order for my child to participate in them, and I give permission for my child to participate in the transportation program, or I will transport my child myself. I understand that I and my child must comply with the rules and regulations of the summer program. By signing below, I hereby authorize my child to be taken to the nearby hospital to receive medical treatment. I will not hold the Borough of West Reading or any of its employees and/or volunteers liable for injuries incurred while participating in the Borough of West Reading Summer Playground Program.

Parent/Legal Guardian Signature _____   Date _____, 20___.

Print Name of Parent/Legal Guardian _____

LATE PICK UP FEE:
To offset additional staffing fees to accompany a child that is not picked up on time, a late fee of $15 per every 15 minute interval will be assessed.

OFFICE USE ONLY

Discount (residents only): 5% off of Playground fee only, if registered by 5/17/19

Total Amount Due: Playground & Lunch Plan (GL Code: 90 367-300) $_____

Field Trip (GL Code 90-387-301) $_____

Paid by: CASH $ _____   CHECK #____Amount $_____   CHARGE $_____

Received by: _____ Date: _____