



# Borough of West Reading Resident Playground Registration Form

(Deadline to register: 6/2/2023)

Registrations submitted after 6/2/23 will be assessed a \$25 late processing fee.



PARENT/GUARDIAN NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ CELL NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_ EMERGENCY NUMBER \_\_\_\_\_

☐ HALF DAY PROGRAM \$200

AGE GROUP 5-12 YEARS OLD CHILD MUST 5 YEARS OLD BY 9/1/23 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: \_\_\_\_\_

## FIELD TRIP (must be paid before program begins)

Trip Fee \$105.00 ☐ YES ☐ NO

## WAIVER OF LIABILITY

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 otherwise 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 \$20 for every 15-minute interval will be assessed.

## OFFICE USE ONLY

**Resident Discount:** 10% off Playground Program fee only, if registered by 5/5/2023

Total amount Due: Playground (GL Code: 90 367-300) \$ \_\_\_\_\_

Field Trip (GL Code: 90-387-301) \$ \_\_\_\_\_

Paid: CASH \$ \_\_\_\_\_ CHECK # \_\_\_\_\_ CHARGE \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_



# Borough of West Reading Playground Medical Form



Child's Name: \_\_\_\_\_

## EMERGENCY CONTACT:

Parents/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

## MEDICAL INFORMATION:

\_\_\_\_\_  
\_\_\_\_\_

### ALLERGIES:

Does your child carry an epi-pen for allergies? Yes ☐ No ☐

Does your child carry prescription medication? Yes ☐ No ☐

If yes, please list medications: \_\_\_\_\_  
\_\_\_\_\_

Are there any other medical conditions you wish to bring to our attention: Yes ☐ No ☐

\_\_\_\_\_

## MEDICAL CONTACT INFORMATION:

Doctor's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

I hereby authorize my child to be taken to the hospital specified above 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.

\_\_\_\_\_ June \_\_, 20\_\_

Parent or Legal Guardian Signature

\_\_\_\_\_  
Parent or Legal Guardian: *Please Print*