



# Borough of West Reading Resident Playground Registration Form



Registrations submitted after 6/7/24 will be assessed a \$25 late processing fee.

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

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

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

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

HALF DAY PROGRAM \$250.00		
AGE GROUP 5-12 YEARS OLD	CHILD MUST 5 YEARS OLD BY 9/1/24	NO EXCEPTIONS
CHILD'S NAME	DATE OF BIRTH	FEE

T-shirt Size: 

Youth	S	M	L	XL
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 or 

Adult	S	M	L	XL
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EMERGENCY CONTACT	
Name: _____	
Home Phone: _____	Cell Phone: _____
Relationship to Child: _____	
FIELD TRIP (must be paid before program starts)	
Field Trip Fee \$150.00	<input type="checkbox"/> YES <input type="checkbox"/> 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	
Discount: 10% off playground fee only, if registered by 5/3/2024	
Playground Amount Due: (GL Code: 90 367-300)	\$ _____
Field Trip Amount Due: (GL Code 90-387-301)	\$ _____
Total Amount Due: \$ _____	Paid by: Cash \$ _____ Check # _____ Credit Card \$ _____
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 ☐ ☐

Does your child carry prescription medication? Yes ☐ ☐

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*