

SUMMER RECREATION PROGRAM REGISTRATION FORM

Registration Dates: Saturday, June 5th and Sunday, June 6th
9:00 am - 12 pm at the Whitehall Borough Administration Office

CHILD'S NAME: _____ AGE: _____ PHONE NUMBER: _____

ADDRESS: _____
(Street Name) (zip code)

EMERGENCY CONTACT NAMES:

1. _____ PHONE NUMBER _____

2. _____ PHONE NUMBER _____

PARK LOCATION (circle one): Union Frank Overlook Acres Snyder

Important Information:

Please list any allergies, special circumstances, etc. that we should be aware of regarding your child.

Special Event and Field Trip Registration

(please indicate whether or not your child will attend the following events):

Tennis Clinic : June 22nd -24th	yes	no	
Karate Clinic : June 29-July 1st	yes	no	
Cheerleading Clinic : July 6th-8th	yes	no	
Basketball Clinic : July 13th-15th	yes	no	
Cool Springs Golf Fieldtrip : July 9th or 16th	yes	no	(\$6 fee)
Legacy Lanes Bowling Fieldtrip : July 20th or 22nd	yes	no	(\$11 fee)

I hereby give my permission for my son/daughter to attend the Whitehall Borough Summer Recreation Program. I have been given a parent information packet and I understand the policies and procedures of the program. In addition, I release The Borough of Whitehall and all individual staff members from any claim of liability for any and all injury that may occur in the event of an accident during this program.

Parent Signature _____

Date _____