

SUMMER 2017  
SINKING SPRING PLAYGROUND  
REGISTRATION FORM

\* Each child MUST have his/her own registration form. ( extra copies are available)  
Please drop-off or mail forms to: Sinking Spring Borough Hall, 3940 Penn Avenue, Sinking Spring, PA 19608.

Monday, June 12 through Friday, August 4<sup>th</sup>

Playground hours:      9 AM - 1PM & 6-8:30 PM (Mon-Thurs)  
   9 AM - 1PM Fridays (no evening hours)

Registration in our program allows your child to attend programming at one or both playgrounds

Which playground(s) will be your child attend?

Main Playground –Ruth Street

Brookfield Playground

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Please circle T-shirt size: Youth sizes: XS S M L Adult: S M L

**Contact Information**

Mother's Name: \_\_\_\_\_ Email \_\_\_\_\_

Contact #s: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Email \_\_\_\_\_

Contact #s: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**Emergency Contact Information**

Name/relationship \_\_\_\_\_

Contact Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

## Medical Information and Authorization

Does your child have a diagnosed physical or mental condition/disability that requires special accommodations?  
If Yes, please explain.

Please list any allergies (medications and/or foods)

Does your child have any other limitations or conditions that the leaders should be aware of?  
If Yes, please explain.

The following information is for emergency use ONLY:

Type of Medical Insurance Plan \_\_\_\_\_

Policy Number \_\_\_\_\_

Physician \_\_\_\_\_ Physician's Telephone number: \_\_\_\_\_

I/We, give my/our permission for my/our child to:

- a. Participate in Sinking Spring Playground activities.
- b. Receive medical treatment by a first aide-certified individual, EMT, nurse, doctor, or hospital if necessary. It is understood that the adult in charge will attempt to contact me/us.
- c. For my child to be transported by automobile or bus by employees or agents of the Borough of Sinking Spring, when in connection with events sponsored by the Borough.

Signature of Parent/Legal Guardian(s) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Participant is a resident of Sinking Spring and I have enclosed a check of \$40.00 made payable to the Borough of Sinking Spring for resident of the Borough of Sinking Spring (\$120 family maximum).

\_\_\_\_\_ I have enclosed a check of \$75.00 made payable to the Borough of Sinking Spring for non-resident participant. (\$ 175 Family maximum)

Need-based reduced rates are available. Contact the Borough office to apply. 610-678-4903