

**BOROUGH OF KENHORST  
2021 - SUMMER PLAYGROUND PROGRAM  
REGISTRATION & MEDICAL EMERGENCY FORM**

(PLEASE PRINT OR TYPE INFORMATION - ONE FORM PER CHILD)

**CHILD'S NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_ \*

LAST                      FIRST                      MI

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**MOTHER'S NAME:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**FATHER'S NAME:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

\*\*\*PLEASE CIRCLE ONE – YES / NO MY CHILD MAY WALK HOME FROM PLAYGROUND BY HIM/HERSELF

**ONLY AUTHORIZED PERSON(S) LISTED BELOW MAY SIGN-IN/OUT OR PICK-UP MY CHILD. (Must be 16 years old or older) List Full Name (and Relationship) – Phone Number Will need to produce photo identification**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**EMERGENCY CONTACTS (IF PARENTS CANNOT BE REACHED)**

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**MEDICAL HISTORY:**

IMPORTANT - LIST (USE SEPARATE SHEET, AS NECESSARY) ANY EMOTIONAL OR BEHAVIORAL PROBLEMS PERTAINING TO YOUR CHILD. LIST ANY MEDICAL PROBLEMS, ALLERGIES AND MEDICATIONS YOUR CHILD IS CURRENTLY TAKING. PLEASE BE SPECIFIC! (If the child needs to take any medication while at the playground, the child will need a note from the parent and the physician giving the playground leader authority to administer medication, if it is a prescribed medication. (i.e. asthma inhalers, etc.)

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

DOES YOUR CHILD HAVE AN ALLERGIC REACTION TO BEE OR WASP STINGS? **YES OR NO** (Please circle one)  
IF YES, INDICATE ANY REACTIONS \_\_\_\_\_

**PHYSICIAN :** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**MEDICAL INSURANCE CARRIER** \_\_\_\_\_ **GROUP NUMBER** \_\_\_\_\_

**PARENT AUTHORIZATION FOR PLAYGROUND LEADER TO ADMINISTER EMERGENCY TREATMENT: (i.e. CPR/First Aid or call Ambulance)**

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

\*Copy of Birth or Baptismal Certificate is required for each child to verify age

## **WAIVER OF LIABILITY AGREEMENT**

A separate Waiver and Release of Liability, Medical Release and Indemnification Agreement for Playground Use and Participation in the Borough of Kenhorst Summer Playground Program attached to this application **must be signed and dated for each child** by all parents or guardians.

### **WAIVER AND RELEASE OF LIABILITY, MEDICAL RELEASE AND INDEMNIFICATION AGREEMENT FOR PLAYGROUND USE and PARTICIPATION IN THE BOROUGH OF KENHORST SUMMER PLAYGROUND PROGRAM**

In consideration of being permitted by the BOROUGH OF KENHORST Council, to participate in the Summer Playground Program, I/We, the undersigned, certify that I have legal custody or am the natural or appointed guardian of said minor, and I agree to be bound by the following on behalf of my child and/or ward, and my spouse, legal representative, heirs and assigns:

1. I hereby agree to indemnify and hold harmless and hereby release and forever discharge BOROUGH OF KENHORST, its respective representatives, volunteers, employees, supervisors, committees, agents, successors, assigns and heirs from any and all actions, claims, demands, coverages, costs, losses, personal injury, death, property damage, other loss, expenses, judgments, attorney's fees, and suits at law, equity or otherwise that may arise directly or indirectly from the above named participants involvement or participation in any manner in the Summer Playground Program or use of the Borough's recreational or athletic facilities regardless of whether such injury or damage may arise out of the negligence or carelessness of the Borough, or those persons indemnified under this Section.
2. The Summer Playground Program provides a variety of activities for children including, but not limited to contact sports, playing on playground equipment, arts and crafts, social activities, active games and quiet games. Some hazards are associated with these activities and include but are not limited to, injuries associated with contact sports and injuries associated with playground equipment, including but not limited to, sunburn, heat exhaustion, insect bites, bee stings, and minor injuries associated with using scissors, game equipment and various other supplies and materials. Not all injuries or damages can be anticipated, but shall be considered waived. Ages of children who participate in this program shall be from ages 6 years – 12 years only.
3. The BOROUGH OF KENHORST Playground Program is not a babysitting service, but an active program for qualified participants on a recreational drop-in basis for recreational programming; meaning that children will not receive structured care and supervision.
4. I hereby give my consent that in the event said minor should require medical treatment while under the supervision of Kenhorst's personnel in connection with the above-described activity, such personnel may authorize treatment that he or she deems necessary, including but not limited to authorize my child to be taken to the nearest hospital facility in the event of an emergency. I also agree to pay all medical, hospital or other expenses which said minor may incur as a result.

5. This release will continue in full force and effect for any playground or recreational activities at the Borough outside of scheduled program activities.

I have carefully read this Waiver and Release of Liability, Medical Release and Indemnification Agreement and fully understand its contents. I am aware that this is a release of Liability and contract between myself and the BOROUGH OF KENHORST.

**All Parents (and/or) Guardians who have permanent or partial custody of the child must sign this document.**

Signature \_\_\_\_\_  
Parent/Guardian

Date \_\_\_\_\_

Signature \_\_\_\_\_  
Parent/Guardian

Date \_\_\_\_\_

**A SEPARATE FORM MUST BE FILLED OUT FOR EACH CHILD**

**REGISTRATION FEE MADE PAYABLE TO: BOROUGH OF KENHORST**

Note that registrations will be accepted until a maximum of sixty (60) participants is reached.

**EARLY SIGN UP** - Registration prior to April 24<sup>th</sup>

**\$125 for first child and \$75 each for any additional children from the same family.**

**LATE SIGN UP** – Registration after April 24<sup>th</sup>.

**\$150 for first child and \$80 each for any additional children from the same family**

**NON-RESIDENTS** – Non-Resident applications accepted only if maximum number of participants is not reached by end of the first week of playground. **\$250/child**

**GUESTS** – Payment and registration must be made in advance to Borough Hall. Playground Leaders will not accept payments. **\$15/child/day**

**For Official Use Only**

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Waiver and Release of Liability Agreement signed, dated and received with application: Yes \_\_\_ No \_\_\_

Fee Paid: \_\_\_\_\_ Check/Cash Check No: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_