

# 2022 SUMMER PLAYGROUND PROGRAM REGISTRATION

**\*\*Open to Ages 5-14\*\***

The Summer Playground Program will operate on Tuesdays and Thursdays beginning on 6/14/22 – 7/28/22 (Week of July 4<sup>th</sup> off) from the hours of 9:00 am – 12:00 noon. Activity schedules will be handed out during the Summer Program. Drop off & pick up will be at the Lions Club Park, lunch will be served to the children at the park at 11:30 am (Compliments of the Mercersburg Elementary School).

## **CHILD'S INFORMATION:**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade Attending in September: \_\_\_\_\_

## **PARENTS' INFORMATION:**

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

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

Mom's Address: \_\_\_\_\_  
\_\_\_\_\_

Dad's Address: \_\_\_\_\_  
\_\_\_\_\_

Mom's Phone #: \_\_\_\_\_

Dad's Phone #: \_\_\_\_\_

## **EMERGENCY CONTACT INFORMATION:**

Contact # 1: \_\_\_\_\_

Contact # 2: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

## **PHYSICIAN INFORMATION:**

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

Please List Allergies: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Phone #: \_\_\_\_\_

**MEDICAL INSURANCE INFORMATION:**

Insurance Carrier: \_\_\_\_\_

ID #: \_\_\_\_\_

Group #: \_\_\_\_\_

**EMERGENCY CONSENT FORM:**

My child, \_\_\_\_\_ has my permission to attend the Mercersburg Summer Playground Program and all scheduled fieldtrips. I understand that reasonable measures will be taken to safeguard the health and safety of my child. In case of emergency or illness, every effort will be made to notify me. I give my permission to any staff member of the Mercersburg Playground Program to authorize medical care for my child in case of an emergency or illness. In the event of an emergency, medical personnel may give any treatment necessary to my child. I will not hold the Borough of Mercersburg, Lion’s Club, or staff member personally or financially responsible for any accident or illness that may occur. I understand that my child may be transported to and from the field trips by a program staff member.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone/Cell #: \_\_\_\_\_

Other Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**VOLUNTEER INFORMATION:**

Parents/Guardians are permitted to serve as a volunteer for the Mercersburg Summer Playground Program.

- If you desire to serve as a volunteer, you are required to obtain the following background check clearances pursuant to the Child Protective Services Law, 23 Pa.C.S. § 6301 *et seq.*, and provide them to the Borough Manager:
  - Pennsylvania State Police Request for Criminal Record Check
  - Pennsylvania Child Abuse History Clearance
  - FBI Criminal Background Check
    - If you have been a continuous resident of Pennsylvania for the past 10 years you may swear or affirm, in writing, that you are not disqualified from volunteer service based upon a conviction of an offense under 23 Pa.C.S. § 6344.
- If you do not desire to serve as a volunteer, you may still attend Program activities with your child, however, you will not be permitted to routinely interact with, or provide care, supervision, guidance, or control to children other than your own.

I (choose one) DO / DO NOT wish to serve as a volunteer for the Mercersburg Summer Playground Program.

**LIBRARY PERMISSION SLIP:**

\_\_\_\_\_ has my permission to check out books at the Fendrick Library. I am  
(Child’s Name) aware that we are responsible to make sure that the books are turned back in.

\_\_\_\_\_ DOES NOT have my permission to check out books from the Library.  
(Child’s Name)

Parent’s/Guardian’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_