

LIBERTY TOWNSHIP SUMMER RECREATION PROGRAM 2017 REGISTRATION FORM

Child's Name: _____

Grade Sept. '17: _____ Age: _____ Must be 6 as of Oct. 1, '17 Date of Birth: _____

Address (please include zip code) _____

Name of parent or guardian: _____

Phone: home _____ work _____ cell _____

Email: _____

Youth T-shirt size: Small _____ Medium _____ Large _____

Contact in case of emergency:

1.) Name: _____ Relation: _____

Address: _____ Phone Number: _____

Cell Number: _____

2.) Name: _____ Relation: _____

Address: _____ Phone Number: _____

Cell Number: _____

Please list any pertinent medical conditions/allergies:

Please indicate child's means of transportation: Bike/foot: _____ Parent: _____

Other (please list NAMES & contact #) _____

Insurance Carrier: _____ Policy Number: _____

We may be posting pictures of some of the Summer Rec activities on the Liberty Township website throughout the program. Please indicate if you give permission for your child's picture to appear on the website. Names will NOT be included with photos.

Yes, I give permission _____ No, I do not want my child in any photo _____

I knowingly accept all rules set forth for my child by the Liberty Township Recreation Commission. I understand that my child may be asked to leave the program because of inappropriate behavior. I also understand that the Township of Liberty and/or the Recreation Program staff are not liable for any accidents or injuries incurred during the program.

Signature of Parent or Guardian

Date