

**DATES:** June 11–August 3

**DAYS:** Mondays–Fridays

**TIME:** 9 am–3:30 pm

**EARLY REGISTRATION:** April 1–May 25

\$119—Youth Members

\$139—Hempfield Resident

\$159—Nonresident

### **Early Registration deadline is May 25.**

Registration received after **5/25** will be charged an additional \$10 fee.

\*All sites are closed on pool party days (6/22, 7/6 & 7/20). There is no playground 7/4.

Children must be registered for Playground in order to attend field trips.

**Registration Forms** are available online [hempfieldrec.com](http://hempfieldrec.com) and at the front desk.

No phone registrations taken; parent signatures required.

### **SCHOLARSHIPS**

Financial assistance is available. Please visit our website for more information on our financial assistance program.

Donations towards our scholarship program are welcomed.

### **FIELD TRIP INFORMATION**

Field trips will depart from and return to Amos Herr Park (except for pool parties). You must drop your child off at the Amos Herr Park front parking lot at 9 am. **NO TRANSPORTATION** will be provided from the other sites. Children will be dropped off after the field trip at Amos Herr Park and will remain there until pick-up by 3:30 pm.

**Transportation is not provided for pool party trips.**

- Field trips are optional and require additional fees (outlined on page 2).
- Full payment is due at the time of registration—**sorry, no exceptions.**
- **Fees are nonrefundable.**
- Each field trip has a limited number of spaces available. Trips are first-come, first-served.
- Playground sites remain open for those not attending trips (except for pool party days).
- Field trip information is included in the *parent handbook* available online - [hempfieldrec.com](http://hempfieldrec.com).

# Summer Playground Registration 2018

Please complete one form per child (Please Print)

Participant's Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Birthdate (MM/DD/YY): \_\_\_\_\_

**Emergency Contact Information:**

Parent or Legal Guardian: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E. Hempfield  W. Hempfield  Mountville  E. Petersburg  Non-Resident

Phone - Home: (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Choose Park Site:**

#75323 Amos Herr

#75335 East Pete

#75334 Mountville

#75330 Silver Spring

**June 11-Aug 3** (no PLG 7/4) M-F, 9am-3:30pm Ages 6-13

**Early Registration** (By 5/25) \$119 YM/\$139R/\$159 NR

**Registration** (After 5/25) \$129 YM/\$149 R/\$169 NR

**Fee:** \$ \_\_\_\_\_

*Access the parent handbook online [hempfieldrec.com](http://hempfieldrec.com) or visit the front desk.*

**OPTIONAL TRIPS and SPECIAL EVENTS** Children must be registered for Summer Playground to register for field trips. Please indicate attendance by entering the payment amount. Participation is optional. Events are first-come, first-served due to space. Max. 50 participants.

| OFFICE USE | DESCRIPTION                                       | DATE              | COST | PAYMENT |
|------------|---|-------------------|------|---------|
| 75360      | Turkey Hill Experience Tour and Tasting           | Tuesday, June 12  | \$27 |         |
| 75356      | Skyzone Trampoline Park #1                        | Thursday, June 14 | \$26 |         |
| 75354      | Laserdome Laser Tag and Light Show                | Tuesday, June 19  | \$27 |         |
| 75339      | East Pete Pool and Pizza Party #1                 | Friday, June 22   | \$12 |         |
| 75352      | Indian Echo Caverns Exploration & Gem Mine        | Tuesday, June 26  | \$27 |         |
| 75341      | East Pete Pool and Pizza Party #2                 | Friday, July 6    | \$12 |         |
| 75365      | Zoo America Tour and Show                         | Tuesday, July 10  | \$26 |         |
| 75337      | Cherry Crest Adventure Farm and Corn Maze         | Thursday, July 12 | \$28 |         |
| 75345      | Goin' Bananas Adventure Center and Arcade #1      | Tuesday, July 17  | \$28 |         |
| 75343      | East Pete Pool and Pizza Party #3                 | Friday, July 20   | \$12 |         |
| 75347      | Goin' Bananas Adventure Center and Arcade #2      | Tuesday, July 24  | \$28 |         |
| 75358      | Skyzone Trampoline Park #2                        | Thursday, July 26 | \$26 |         |
| 75362      | Help Us Help Others Playground Financial Aid Fund | Anytime           | \$10 |         |




**FIELD TRIP TRANSPORTATION:**

All field trips will depart from and return to Amos Herr Park. You must drop your child off at the Amos Herr Park front parking lot at 9am. Do not bring your children to their usual playground site on field trip days as NO TRANSPORTATION will be provided directly from the playground site locations. Children will be dropped off after the field trip at Amos Herr Park and will remain there until picked up by 3:30 p.m. \*Transportation is not provided for the Pool Party trips. See Parent Handbook for details.

**Total Fee:** \$ \_\_\_\_\_

**Make check payable to Hempfield recCenter and mail to:**  
Hempfield recCenter, 950 Church Street, Landisville, PA 17538

**T-shirt size:**  
\_\_\_\_\_

     3 digit security code from back of card: \_\_\_\_\_

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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Cardholder Name \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Waiver of liability: I, the above named candidate for participation in the above named activity, hereby, waive any claim for bodily injury or property damage against the Hempfield Area Recreation Commission, its agents, servants and /or employees while a participant in the above named activity. I also permit the Hempfield Area Recreation Commission to use any photographs or videotape of me or my child(ren) for promotional purposes.

I hereby grant permission for my child to participate in the Trips and Special Events sponsored by the Hempfield Area Recreation Commission. I understand that some events listed involve bus transportation to and from the Playground Site.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian signature

# Emergency Contact and Consent Form

## One Form Per Child (Please Print)

Child's Name: \_\_\_\_\_

Birth date (MM/DD/YY): \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's/Legal Guardian's Name: \_\_\_\_\_

Daytime or Business Address:

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone Number(s): \_\_\_\_\_

Father's/Legal Guardian's Name: \_\_\_\_\_

Daytime or Business Address:

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone Number(s): \_\_\_\_\_

Emergency Contact Person (other than parent): \_\_\_\_\_

Daytime or Business Address:

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone Number(s): \_\_\_\_\_

## Dismissal—Person(s) to whom child may be released:

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

My child will be released to anyone in the above "released" section. In addition, I give my child permission to leave the Summer Playground site on his or her own in the following conditions:

- Never     Any time during the day\*     At the end of the day     Other \_\_\_\_\_  
(Site closes at 3:30 PM)

\*All playgrounders must inform a staff member and sign out before leaving the site. Once he/she has signed out, the playgrounder may not return during that same day.

## Medical Information

My child has the following allergies and/or dietary restrictions: \_\_\_\_\_

\*If your child has a TSS please provide advance information to the Program Director.

Please list all medications your child takes below. All medications must be listed in the event of a hospital emergency. Playground staff are not permitted to dispense the medication.

Medication: \_\_\_\_\_ Medication: \_\_\_\_\_

I certify that the above information is accurate and to the best of my knowledge, my child is of normal health—having no additional allergies, physical impairments, or illnesses that would require him/her to abstain from playground activities. I give the Hempfield Area Recreation Commission, its agents, servants and/or employees permission to provide and arrange for emergency medical assistance and treatment for my child.

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