

Please complete one form per child (Please Print)

Summer Playground Registration 2024

Participant's Name: _____

Birthdate (MM/DD/YYYY): _____

Emergency Contact Information:

Parent or Legal Guardian: _____

Street: _____ City: _____ Zip: _____

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

Phone-Home: (____) _____ Work: (____) _____

Cell: (____) _____ E-mail: _____

Choose ONE Park Site:

#385622 Amos Herr

#385624 Mountville

#385626 Silver Spring

June 10-Aug 2 (no PLG 7/4 or 7/5) M-F 9:00a-3:30p Ages 6-12

Early Registration (4/2 - 4/28) \$150 YM | \$180 R | \$220 NR

Registration (after 4/28) \$170 YM | \$200 R | \$240 NR

Base Fee: \$ _____

Access the parent handbook online at hempfieldrec.com

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

OFFICE USE	DESCRIPTION	DATE	COST	PAYMENT
385777	Go N Bananas	TU 6/11	\$35	
385773	Laserdome	TH 6/13	\$35	
385799	East Pete Pool & Pizza Party	F 6/14	\$20	
385787	Urban Air Adventure Park	TU 6/18	\$45	
385793	Clearview Lanes Bowling	TH 6/20	\$24	
385783	Guppy Gulch (Ages 8+ only, no exceptions)	TU 6/25	\$48	
385797	ZooAmerica	TH 6/27	\$35	FULL
385801	East Pete Pool & Pizza Party	F 6/28	\$20	
385795	Clearview Lanes Bowling	TU 7/2	\$24	
385789	Urban Air Adventure Park	TU 7/9	\$45	
385791	Lancaster Stormers	TH 7/11	\$32	
385803	East Pete Pool & Pizza Party	F 7/12	\$20	
385781	Lake Tobias Wildlife & Safari Park	TU 7/16	\$38	FULL
385785	Guppy Gulch (Ages 8+ only, no exceptions)	TH 7/18	\$48	
385771	Cherry Crest Adventure Farm	TU 7/23	\$38	FULL
385779	Go N Bananas	TH 7/25	\$35	
385805	East Pete Pool & Pizza Party	F 7/26	\$20	
385775	Laserdome	TU 7/30	\$35	

T-shirt size: _____

FIELD TRIP TRANSPORTATION:

All field trips will depart from and return to Amos Herr Park. **No refunds. No Exceptions.**

Total Fee: \$ _____

Make check payable to Hempfield recCenter and mail to:
Hempfield recCenter | 1251 Stony Battery Rd. |
Landisville, PA 17538

Credit Card payments

Card Holder Name: _____

Signature: _____

Expiration _____ Security Code _____



<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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 photos or videos 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/YYYY: _____

Address

Street: _____ City: _____ Zip: _____

Mother/Legal Guardian Name: _____

Daytime Address and Phone

Street: _____ City: _____ Zip: _____

Primary phone: () _____ Secondary phone: () _____

Father/Legal Guardian Name: _____

Daytime Address and Phone

Street: _____ City: _____ Zip: _____

Primary phone: () _____ Secondary phone: () _____

Emergency Contact (non-parent): _____

Daytime Address and Phone

Street: _____ City: _____ Zip: _____

Primary phone: () _____ Secondary phone: () _____

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 'dismissal' section. In addition, I give my child permission to leave the Summer Playground site on their own in the following conditions:

Never Anytime during the day* At the end of the day (3:30p) Other _____

*all playgrounders must inform a staff member and sign out before leaving the site. Once they have signed out, they may not return 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 medication.

Medication(s) _____

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 them 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: _____