



2026 SUMMER PLAYGROUND REGISTRATION

Please complete one (1) form per child (Please Print)

Child's Name: _____

Birth date: _____

Parent/Legal Guardian: _____

Street: _____ City: _____ Zip: _____

Cell/Phone: _____ Email: _____

Choose ONE (1) Park Site:

- Amos Herr
- Mountville
- Silver Spring
- NEW! Dorwart Park

June 8 - July 30 M-Th 9:00am-2:00pm Ages 6-12 NO Fridays EXCEPT Pool Parties

NO forms accepted until March 31

Early Registration (March 31 – April 22) (Save \$30) After April 22 (Add \$30)

Amos Herr Park / Silver Spring Park / Mountville Park

\$150 Member / \$180 Resident / \$220 Non-Resident

NEW Site! Noel Dorwart Park / (9:30 am – 12 pm)

\$120 Member / \$150 Resident / \$190 Non-Resident

Base Fee: _____

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 except PLG+.

| OFFICE USE | DESCRIPTION | DATE | COST | PAYMENT |
|------------|--|---------|------|---------|
| | PLG + (includes ALL Meal Deals and Cold Treats) | NA | \$62 | |
| | Go N Bananas (all attractions/lunch/\$15 game card) | TU 6/9 | \$55 | |
| | Laserdome (LaserTag and 30 minutes arcade time) | TH 6/11 | \$38 | |
| | East Pete Pool & Pizza Party | F 6/12 | \$20 | |
| | Adventure Sports Hershey (Golf/LaserTag/\$10 arcade) | TU 6/16 | \$38 | |
| | Cherry Crest Adventure Farm | TH 6/18 | \$40 | |
| | Guppy Gulch (Ages 8 + ONLY, No exceptions) | TU 6/23 | \$50 | |
| | Lake Tobias Wildlife & Safari Park | TH 6/25 | \$40 | |
| | East Pete Pool & Pizza Party | F 6/26 | \$20 | |
| | Clearview Lanes Bowling | TU 6/30 | \$25 | |
| | Echo Dell Caverns | TU 7/7 | \$27 | |
| | Lancaster Stormers (game and lunch) | TH 7/9 | \$35 | |
| | East Pete Pool & Pizza Party | F 7/10 | \$20 | |
| | Cherry Crest Adventure Farm | TU 7/14 | \$40 | |
| | Guppy Gulch (Ages 8 + ONLY, NO exceptions) | TH 7/16 | \$50 | |
| | Funcity (all attractions/lunch/socks/\$10 game card) | TU 7/21 | \$48 | |
| | Urban Air Adventure Park (all attractions) | TH 7/23 | \$51 | |
| | Laserdome (LaserTag and 30 minutes arcade time) | TU 7/28 | \$38 | |

Total Cost: _____

Field Trip Transportation: All trips except pool parties depart from and arrive back to Amos Herr. **No refunds. No exceptions.**

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



Card Holder Name: _____ **Signature:** _____

Card Number: _____ **Expiration:** _____ **Security Code:** _____

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

DISMISSAL - Person(s) to whom child may be released

Child's Name: _____ Birth date (MM/DD/YYYY): _____

Street: _____ City: _____ Zip: _____

Mother/Legal Guardian Name: _____

Daytime Address and Phone Number

Street: _____ City: _____ Zip: _____

Primary Phone: (____) _____ Secondary Phone: (____) _____

Father/Legal Guardian Name: _____

Daytime Address and Phone Number

Street: _____ City: _____ Zip: _____

Primary Phone: (____) _____ Secondary Phone: (____) _____

Emergency Contact (Non-Parent): _____

Daytime Address and Phone Number

Street: _____ City: _____ Zip: _____

Primary Phone: (____) _____ Secondary Phone: (____) _____

Name: _____ Daytime Phone: (____) _____

Name: _____ Daytime 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 (3:00PM) 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: _____