

Summer Playground Registration 2022

Please complete one form per child (Please Print)

Participant's Name: _____

Gender: _____ 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:

#280914 Amos Herr

#280916 Mountville

#280918 Silver Spring

June 13-Aug 5 (no PLG 7/4) M-F 9:00a-3:30p Ages 6-13

Early Registration (by 5/22) \$155 YM | \$175 R | \$200 NR

Registration (after 5/22) \$175 YM | \$195 R | \$220 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
280934	The Castle Roller Skating	TU 06/14	\$26	
280940	Lancaster Barnstormers	TH 06/16	\$28	
280930	Guppy Gulch (Ages 8+ only, no exceptions)	TU 06/21	\$40	
280920	Laserdome	TH 06/23	\$30	
280950	East Pete Pool & Pizza Party	F 06/24	\$15	
280926	Go 'N' Bananas	TU 06/28	\$32	
280938	ZooAmerica	TH 06/30	\$28	
280922	Laserdome	TH 07/07	\$30	
280952	East Pete Pool & Pizza Party	F 07/08	\$15	
280946	Lake Tobias	TU 07/12	\$34	
280942	Cherry Crest	TH 07/14	\$34	
280928	Go 'N' Bananas	TU 07/19	\$32	
280954	East Pete Pool & Pizza Party	F 07/22	\$15	
280924	Laserdome	TU 07/26	\$30	
280932	Guppy Gulch (Ages 8+ only, no exceptions)	TH 07/28	\$40	
280936	The Castle Roller Skating	TU 08/02	\$26	

T-shirt size: _____

FIELD TRIP TRANSPORTATION:

Total Fee: \$ _____

All field trips will depart from and return to Amos Herr Park. You must drop off your child at the front parking lot by 9am. Do not bring your child to their registered park on field trip days. NO TRANSPORTATION will be provided directly from the other site locations. Children are dropped off after trips at A. Herr Park and will remain there until pick-up (by 3:30p). ***Transportation is not provided for Pool Parties. See parent handbook for details. NO refunds.**

**Make check payable to Hempfield recCenter and mail to:
Hempfield recCenter | 950 Church St | Landisville PA 17538**

Credit Card payments

Card Holder Name: _____
Signature: _____
Expiration _____ Security Code _____



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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: _____