

**Upper Providence Township
Departments of Recreation
Camp Black Rock**

Registration Form (Please Print)

Child's full name: _____ Date of Birth: _____ Age: ____ Sex: M ____ F ____
Address: _____
City: _____ State: _____ Zip: _____

1) Parent's or Guardian's Work address:

Name: _____ Company: _____
Address: _____ City/State/Zip: _____
Home phone #: _____ Work phone #: _____ Cell phone #: _____
E-mail: _____

2) Parent's or Guardian's Work address:

Name: _____ Company: _____
Address: _____ City/State/Zip: _____
Home phone #: _____ Work phone #: _____ Cell phone #: _____
E-mail: _____

Emergency Contact information

Please provide the primary contact in case of emergency.

Name: _____ Relationship to child: _____ phone#: _____

Please list 2 people who may be contacted in the event of an emergency if the primary emergency contact cannot be reached.

Name: _____ Relationship to child: _____ phone#: _____

Name: _____ Relationship to child: _____ phone#: _____

Please list any health issues, which may limit your child's activities. (This includes medication taken, allergies, asthma, etc.)

I understand that I shall be notified if a health problem occurs. However if I can not be reached by telephone, or my child is in a medical crisis and requires immediate care, I authorize a representative of Upper Providence Township to obtain any and all medical treatment to be preformed as deemed necessary by licensed medical personnel, including emergency medical personnel, ambulance personnel and hospital doctors and nurses.

Signature of Parent/Guardian

Date

Field Trip Authorization

The child named on this application has my permission to attend the scheduled field trips, which are organized and sponsored by Upper Providence Township Camp Black Rock Program. I understand that I will be notified in advance of all field trips of any additional fees or arrangements, which may arise as a result of the field trips. Additionally, I understand that transportation to and from the destinations will be by bus and if I do not wish my child to participate in any of the scheduled field trips, I will notify my child's head counselor in writing at least 24 hours before scheduled trip.

Parent Handbook

I have received a copy of the Upper Providence Township Camp Black Rock Parent Handbook, which outlines the policies and procedures, code of conduct, disciplinary procedures and other information concerning the program.

Release of Liability

In consideration of the services and facilities provided by Upper Providence Township and/or its employees, agents, sponsors and officers, I hereby release and forever discharge the aforementioned from any and all liability arising out of my child's participation in the program. I am fully aware of the risks inherent to this activity and should not allow my child to participate unless medically able. I assume all risks associated with this activity. I agree that photographs, videotapes, recordings, or any other reproduction of my child's image may be used for the purpose of promoting programs operated or sponsored by Upper Providence Township. I hereby grant Upper Providence permission to use such images in any media now or hereafter know for any legitimate purpose, and to use my name in connection therewith if Upper Providence Township so chooses.

I have read and fully understand that these terms are contractual and not a mere recital and sign it voluntarily.

Signature of parent/guardian: _____ Print Name: _____

Address: _____

City: _____ State: _____ Zip: _____