

**CONYNGHAM CHILDREN'S RECREATION PROGRAM  
REGISTRATION FORM**

Personal Information

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

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Birth date \_\_\_\_\_

Age \_\_\_\_\_

Allergies \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Medication \_\_\_\_\_

Emergency Contact Information

Name/Relationship to Child \_\_\_\_\_

Primary

Phone Number \_\_\_\_\_

Secondary

Phone Number \_\_\_\_\_

Physician Information

Child's Physician \_\_\_\_\_

Physician's Phone Number \_\_\_\_\_

**FEE: \$120.00 FOR SIX WEEKS NON-REFUNDABLE**

**RULES**

1. Pick up children promptly at 12:00 p.m. No exceptions.
2. Please dress in appropriate clothing (shorts, T-shirts, socks and sneakers).
3. Children are expected to listen to the Director and Aides at all times.
4. No program on rainy days – no refunds.

I have read and understand the rules of the Park Program. I give my consent to have my child/children enter the Conyngham Recreation Program and understand that the cooperating authorities and owners of Whispering Willows Park and the Conyngham Recreation Board will not be held responsible for loss of property, nor injury or death due to accident.

Parent's signature \_\_\_\_\_

**PRESS RELEASE**

I hereby give permission for the Conyngham Recreation Board to use my child's name or photographs in news releases about the Conyngham Park Program in which he/she is participating.

Parent's signature \_\_\_\_\_

I hereby give my child permission to walk to and from the Park Program on his own (must be over age 8).

Parent's signature \_\_\_\_\_

**CONYNGHAM BOROUGH YOUTH PARK PROGRAM**  
**PARENTAL PERMISSION TO PARTICIPATE AND**  
**RELEASE FROM LIABILITY**

I, \_\_\_\_\_ hereby give permission to my son/daughter,  
\_\_\_\_\_, to participate in the Conyngham Borough Youth Park  
Program.

In consideration of being allowed to participate in the Program as administered by the Borough of Conyngham, Luzerne County, Pennsylvania, including all related events and activities, I, intending to be legally bound, acknowledge the following:

1. I acknowledge and fully understand that my child will be engaging in various activities, including sports and general recreation that may involve risk of injury, and that there may be other risks not known to us or not reasonably foreseeable at this time.
2. That we assume all of the foregoing risks and accept personal responsibility for any damages following injury, disability or other implications.

\*We hereby release, waive and discharge the Borough of Conyngham, Luzerne County, its administrators, council, agent, servants, workmen and/or employees from demands, losses or damages on account of injury to person or property caused or alleged to be caused, in whole or in part, by negligence or otherwise.

The undersigned has read the above Waiver and Release and understands that substantial rights may be given up by signing the same and, notwithstanding, they sign it voluntarily.

\_\_\_\_\_  
Signature

\*I give permission for sunscreen/first aid to be applied to my child/children.

\_\_\_\_\_  
Signature