

TOWNSHIP OF CUMRU PLAYGROUND



JUNE 22ND THROUGH JULY 31ST

EVERYDAY A NEW ADVENTURE FILLED WITH CRAFTS, GAMES, SPORTS,
FIELDTRIPS, AND MUCH MORE!!!

Day Playground Program

Ages: 6 years old thru 6th grade

Locations: Warren Recreation Center or
Gouglersville Playground

Time: 9:00AM to 1:00PM Daily

Cost (Warren Rec. Center):

Cumru Resident one child: \$70/child

Two children or more: \$65/child

Non-Resident: \$140/child

Daily Guest Fee: \$10/child per day

Cost (Gouglersville): FREE

*Sponsored by the the Gouglersville Fire
Company, call for details

Evening Playground Program

Ages: 6 years old thru 6th grade

Location: Gouglersville Playground

Time: 6:30PM to 8:30PM Daily

Cost: FREE

*Sponsored by the the Gouglersville
Fire Company, call for details

\$10 Early Registration Discount
if registered before May 15, 2015

Pre-registration required. Registration forms
available online at CUMRUTOWNSHIP.ORG
or at the Cumru Municipal Building. For more
information call (610) 777-1343.

COMING SUMMER 2015

TOWNSHIP OF CUMRU PARK & RECREATION DEPT. PLAYGROUND PROGRAM REGISTRATION & MEDICAL/EMERGENCY FORM
(PLEASE PRINT OR TYPE INFORMATION)

REGISTRATION: (ONE FORM PER CHILD REGISTERED)

PLAYGROUND LOCATION: _____ T-SHIRT SIZE: _____

CHILD'S NAME: _____

LAST

FIRST

MI

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CHILD'S AGE: _____ D.O.B. ____/____/____ HOME PHONE: _____

MOTHER'S NAME: _____ CONTACT PHONE: _____

FATHER'S NAME: _____ CONTACT PHONE: _____

PLEASE CHECK ALL THAT APPLY

_____ MY CHILD MAY WALK HOME FROM PLAYGROUND BY HIMSELF/HERSELF

_____ ONLY AUTHORIZED PERSON(S) MAY PICK-UP MY CHILD (LIST AUTHORIZED PERSON(S) BELOW) AUTHORIZED PERSON(S) WILL BE REQUIRED TO SHOW IDENTIFICATION: _____

EMERGENCY CONTACTS: (IF PARENT/GUARDIAN CANNOT BE REACHED)

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE: _____

BABYSITTER OR GUARDIAN: RESPONSIBLE FOR CHILD DURING PLAYGROUND HOURS

NAME: _____ PHONE: _____

ADDRESS: _____ ZIP CODE: _____

MEDICAL HISTORY: (LIST EMOTIONAL/ BEHAVIORAL DISORDERS, MEDICAL PROBLEMS, ALLERGIES, MEDICATIONS TAKEN, ETC)

BE SPECIFIC: _____

PLAYGROUND LEADERS ARE NOT PERMITTED TO ADMINISTER ANY MEDICATIONS

DOES YOUR CHILD HAVE AN ALLERGIC REACTION TO BEE OR WASP STINGS? YES/NO (CIRCLE ONE)

IF YES, PLEASE EXPLAIN IN DETAIL: _____

PHYSICIAN (OPTIONAL): _____ PHONE: _____

AGREEMENT OF WAIVER LIABILITY:

I _____ GIVE PERMISSION FOR MY CHILD _____

TO ATTEND AND PARTICIPATE IN THE SUMMER PLAYGROUND PROGRAM SPONSORED BY THE TOWNSHIP OF CUMRU PARKS & RECREATION DEPARTMENT. I UNDERSTAND SOME PLAYGROUND ACTIVITIES INVOLVE CERTAIN RISKS, AND I HEREBY WAIVE ANY AND ALL CLAIMS AGAINST THE TOWNSHIP OF CUMRU, THE PARKS & RECREATION DEPARTMENT, THEIR AGENT, EMPLOYEES OR INSTRUCTORS ON BEHALF OF MYSELF, OR MY CHILD, FOR ANY ACCIDENT, INJURY, OR ILLNESS, MY CHILD MAY SUSTAIN WHILE PARTICIPATING IN THE ABOVE MENTIONED PROGRAM. I ALSO UNDERSTAND MY CHILD'S PHOTOGRAPH MAY BE TAKEN AND USED IN TOWNSHIP PUBLICATIONS.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

DROP OFF OR MAIL COMPLETED FORM WITH REGISTRATION FEE. (CHECKS MADE PAYABLE TO: TOWNSHIP OF CUMRU)