



**CECIL HALLOCK PARK DISTRICT 2  
SUMMER RECREATION PROGRAM  
TOWN OF NEW BALTIMORE**

**PARTICIPANT REGISTRATION FORM**

NAME OF CHILD \_\_\_\_\_ SEX \_\_\_\_ AGE \_\_\_\_ (5 & OVER)

ADDRESS \_\_\_\_\_ D.O.B. \_\_\_\_\_

STREET ADDRESS (if different) \_\_\_\_\_

NAME OF PARENT / GUARDIAN \_\_\_\_\_

NAME(S) AND Relationship of ANY OTHERS WHO MAY PICK up your child \_\_\_\_\_

PHONE NO. \_\_\_\_\_ EMERGENCY PHONE NO. \_\_\_\_\_

ANY ALLERGIES OR SPECIAL CONSIDERATIONS? \_\_\_\_\_

I, \_\_\_\_\_, give my permission for my son/daughter, \_\_\_\_\_ to participate in the Town of New Baltimore Summer Parks Program held at the Cecil C Hallock Park District 2, starting **Monday, July 9 to Friday, August 3, 2012.**

I understand the program will run from 9:00 a.m. until 11:30 a.m., Monday through Friday and that I will pick up my child PROMPTLY. I understand that the permission also includes all outings.

In the event I cannot be reached in an emergency, I hereby give my permission for my child to be examined and/or treated at the nearest hospital or the one I have stated.

Hospital \_\_\_\_\_ Dr. Name & Phone# \_\_\_\_\_

X \_\_\_\_\_

**Parent/ Guardian**

\_\_\_\_\_

**Date**

Although there will be some snacks and drinks available, please send a snack and drink with your child unless otherwise indicated on the events calendar.