



**CECIL C HALLOCK/ DISTRICT 2 PARK
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 Hallock Park District 2, starting **Monday, July 13 to Friday, August 7, 2015.**

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.*