



**CECIL HALLOCK PARK DISTRICT 2
SUMMER PARKS PROGRAM
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 **July 21st to August 15th, 2008.**

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.