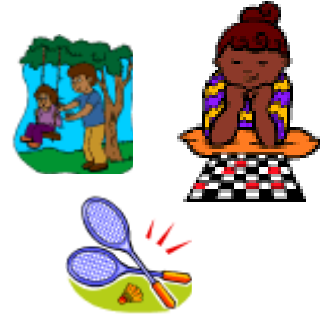


**CECIL HALLOCK PARK DISTRICT 2
SUMMER PARKS PROGRAM**



**PARTICIPANT
REGISTRATION FORM**

NAME OF CHILD _____ Sex ____ Age ____ (5 & OVER)

ADDRESS _____ D.O.B. _____

STREET ADDRESS (if different) _____

NAME OF PARENT / GUARDIAN _____

NAME(S)/ Relationship of ANY OTHERS WHO MAY PICK up your child _____

PHONE NO. _____ EMERGENCY PHONE NO. _____

ANY ALLERGIES OR SPECIAL CONSIDERATIONS? _____

If desired, please list family physician's phone number:

*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 16th to August 10th, 2007.***

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. Phone# _____

Parent/ Guardian

Date

NOTE: 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.