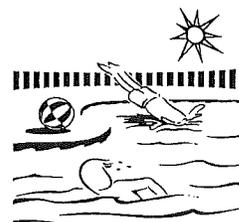


# MOUNT VERNON RECREATION DEPARTMENT

## Summer Parks Program

### REGISTRATION / CONSENT FORM



**Eligibility:** This program is only for children who completed Kindergarten through 5th grade before June 1st of this year.

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_  
*Print Clearly*

Custodial Parent/Guardian Name: \_\_\_\_\_  
*Print Clearly*

Address: \_\_\_\_\_  
*Print Clearly*

#### Custodial Parent/Guardian Contact Phone Numbers (print clearly):

( ) _____	( ) _____	( ) _____
Daytime Phone Number	Home Phone Number	Cell Phone Number

Please list additional relatives we may contact in the event we are unable to reach the custodial parent/guardians listed above (print clearly):

Name: _____	Name: _____
Phone #: _____	Phone #: _____

**HEALTH INFORMATION:** List conditions, such as heart disease, diabetes, asthma, ear problems, major allergies, learning problems, or chronic conditions: \_\_\_\_\_

\_\_\_\_\_

Preferred Doctor's Name:

Preferred Dentist's Name:

There will be no field trips this summer due to difficulty in transporting a large number of children.

**Consent Statement:** I, the undersigned, do hereby authorize city employees to take whatever action deemed necessary in their judgement, for the health of the listed child/children. I will not hold the city employees or City of Mount Vernon financially or ethically responsible in the event of an injury.