

Week 1
Receipt #: _____

Davidson County Summer Playgrounds

Week 3
Receipt #: _____

Week 2
Receipt #: _____

Parental Permission Slip

Week 4
Receipt #: _____

Registration Form

Child's Information

Name: _____ Age: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____ Gender: M F

Does your child have any special needs or requirements? _____ Yes _____ No
If yes, please answer on the back of the top sheet.

Allergies (State Allergy, Reaction and Treatment)

Allergy	Reaction	Treatment
1. _____	_____	_____
2. _____	_____	_____

Parent/Guardian Information

Mother's Name: _____ Phone Number: _____

Father's Name: _____ Phone Number: _____

Email: _____

Emergency Contact: _____ Phone Number: _____

Release Information

If _____ of the child are divorced; please list who has legal custody of the child named on this registration.

May the non-custodial parent pick up the child named on this registration form? _____ Yes _____ No

If someone different than the above parent/guardian is going to pick up your child, please list below:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

If, for some reason, there is someone who should NOT pick up your child, please list below:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

The child named on this registration form will be released only to those who are listed above.

****Please be advised that identification will be required upon release.****

This is to certify that, _____, has received my permission to participate in the Davidson County Summer Playground Program sponsored by the Davidson County Parks & Recreation Department.

** For safety reasons, I realize my child MUST wear tennis shoes to the Summer Playground each day. If he/she is not wearing tennis shoes, I realize they will be sent home. I understand that sandals, flip-flops, and crocs are NOT allowed.

** I understand that the Summer Playground Program begins at 7:30am, and that my child needs to be dropped off no later than 8:00am.

** I, hereby, voluntarily release and discharge the Davidson County Parks and Recreation Department from any and all claims for injury, illness, loss or damage, which my child may suffer as a result of his/her participation in the Davidson County Summer Playground Program.

** In permitting my child to participate, I am specifically granting my permission to the Davidson County Parks and Recreation Department to use my child's likeness, name, voice, and words in television, radio, film, newspaper, magazines, and other media, in any form, for the purpose of communicating the purposes of the Davidson County Summer Playground Program.

Parent/Guardian Signature: _____ Date: _____