



Summer Recreation Registration

Child's Name: _____

Grade Completed 2022: _____

T-Shirt Size: Y-small/Y-med/Y-large (circle one)

Allergies:

Primary Care Physician: _____

PCP Phone Number: _____

Medical Insurance: _____

Parent/Guardian Name: _____

Address: _____

Phone number: _____

Email: _____

Emergency contact: _____

Relationship to Child: _____

Names of those permitted to pick your child up from recreation:

Dates your child will not be attending due to vacation: _____

Enrollment is limited. Register today to guarantee a summer of fun!!