

**SUMMER PLAYGROUND APPLICATION FORM**

PAUL FLY

NAME \_\_\_\_\_ SEX \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

EYE COLOR \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ SHIRT SIZE- YM \_\_\_\_ YL \_\_\_\_  
(CHECK ONE) AS \_\_\_\_ AM \_\_\_\_ AL \_\_\_\_ AXLG \_\_\_\_

EMERGENCY PHONE NUMBER AND NAME OF PERSON TO CONTACT IN CASE OF EMERGENCY  
DURING PLAYGROUND HOURS: (please list someone who can get to playground within a half hour )

\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned, hereby release, absolve, indemnify and hold harmless East Norriton Township, East Norriton Township officials, East Norriton Township Parks and Recreation Department, the Director of Parks and Recreation, his staff, leaders, and anyone appointed by them from all liability from any injury or damage sustained or caused as a result of this summer playground program.

\_\_\_\_\_  
Signature of parent or guardian

DOES PARTICIPANT HAVE ANY OF THE FOLLOWING CONDITIONS OR DISEASES,  
epilepsy \_\_\_\_ deafness \_\_\_\_ hernia \_\_\_\_ heart trouble \_\_\_\_ skin disease \_\_\_\_ lung trouble \_\_\_\_ ear or sinus trouble \_\_\_\_  
other \_\_\_\_\_

Please list any other information you might feel is important for us to know about your child's health.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TRANSPORTATION- How will your child be transported to and from the playground program.

Walk \_\_\_\_\_ Auto \_\_\_\_\_ Day care \_\_\_\_\_

If by auto, please list who will be transporting your child to and from playground.

Name Make/model and color auto Relationship

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any problems, special concerns, needs or situations that we need to be aware of in order to make your child's/ children's playground experience a safe and successful one.