

I hereby grant, _____ permission for him/her to participate in the 2010 Silver Spring Township Summer Camp Program. I understand and accept the expectations, as outlined, and agree to abide by the program procedures, policies and financial commitments, as previously defined. I am aware that outdoor programs, special events, planned and prepared for children, are subject to unforeseen incidents and accidents. I shall defend, hold harmless and indemnify the Township of Silver Spring, against all expenses, liabilities and claims of every kind, including reasonable counsel fees, by or on behalf of any person or entity (including, but not limited to the organization, its members, participants, spectators and other third parties) arising out of any activity whatsoever conducted on or around the on and off site premises to which this agreement pertains.

Parent/Guardian Signature

____/____/_____
Date



**Silver Spring Township
Parks and Recreation Department
6475 Carlisle Pike
Mechanicsburg, PA 17050
717-766-0178**

In the case of a medical emergency, the information below will allow us to provide the best possible care and service for your child. This form will be kept on file, taken on bus trips and/or provided to medical personnel in case of an emergency. Treatment will not be authorized without parental permission unless it is an emergency.

Child's Information

Full Name: _____ Date: _____

Age: _____ DOB: ___/___/___ Male/Female (circle one) Grade Completed: _____ (As of June, 2010)

Home Address: _____

City/State/Zip: _____

Emergency Contact

➤ Father/Legal Guardian: _____

Home Address: (if different from child's) _____

City/State/Zip: _____

Home # _____ Cell # _____ Office # _____ Ext # _____

➤ Mother/Legal Guardian: _____

Home Address: (if different from child's) _____

City/State/Zip: _____

Home # _____ Cell # _____ Office # _____ Ext # _____

Please list an additional emergency contact, other than parent/guardian.

Full Name: _____ Relationship to child: _____

Home # _____ Cell # _____ Office # _____ Ext # _____

Child's Health Information

Special Dietary Concerns/Allergies: _____

List all known Allergies: _____

List all Medical Concerns: _____

Daily Medications: _____

Special Needs: _____

I verify that the information provided on this form is complete and accurate. I give consent for my child to receive emergency medical care and/or be transported by staff or EMS personnel to the hospital, should it be deemed necessary.

Parent/Guardian Signature

____/____/____
Date

CONSENT FORM

CHILD'S NAME: _____

Pick-Up/Drop-Off

My child shall only be released to the following person(s):

Name: _____	Relationship _____	Phone _____
Name: _____	Relationship _____	Phone _____
Name: _____	Relationship _____	Phone _____

Parent/Guardian Signature: _____ Date: ____/____/____

Bus Trips

I hereby grant _____, permission to go on bus/van trips organized by the Summer Camp Coordinator and the Silver Spring Township Parks and Recreation Department. The Township will be responsible for developing and maintaining a safe environment and providing adequate supervision for all participants. I, the undersigned, hereby release Silver Spring Township, its agents and employees from any responsibility for any mishap or accident that may occur during such trips.

Parent/Guardian Signature: _____ Date: ____/____/____

Photograph

I hereby grant _____, permission for the Parks and Recreation Department to utilize any photographs of my child that may be taken in conjunction with participation in the 2010 Summer Camp. Pictures may be used in promotional materials such as newspaper or magazines articles, the Township newsletter or flyers, as determined by the Parks and Recreation Department.

Parent/Guardian Signature: _____ Date: ____/____/____

Movies

Throughout the summer, there are times that we will be showing movies to the children. We will have them on hand for rainy or extremely hot days. Please identify your choices below!

I hereby grant _____, permission to watch movies with the following ratings:

(Circle the ones that apply) G PG PG -13

Parent/Guardian Signature: _____ Date: ____/____/____