

**JULY 2010 DOYLESTOWN BOROUGH
SUMMER ARTS & CRAFTS REGISTRATION FORM**

The Daily Summer Arts & Crafts Program may be cancelled in the event of inclement weather

****PLEASE NOTE THE PROGRAM IS CLOSED ON MONDAY, JULY 5, 2010****

CHILD'S NAME _____ Age _____

STREET ADDRESS _____

CITY, STATE _____

MUNICIPALITY/TOWNSHIP _____

MOTHER'S PHONE-(HOME) _____ WORK/CELL _____

FATHER'S PHONE-(HOME) _____ WORK/CELL _____

E-MAIL ADDRESS _____

EMERGENCY CONTACT:

NAME _____ PHONE _____

*****ALLERGIES/PERTINENT MEDICAL INFORMATION*****

PERMISSION TO SEEK MEDICAL ATTENTION IN CASE OF AN EMERGENCY? YES _____ NO _____

IN ORDER TO ACCOMMODATE MORE CHILDREN, WE ASK THAT YOU ONLY REGISTER FOR ONE ARTS & CRAFTS SESSION PER DAY (EITHER THE 9:15 SESSION OR THE 10:30 SESSION)

SESSION ATTENDING 9:15-10:15 _____ OR 10:30-11:30 _____

Please check the days/week(s) your child is planning on attending the program.

July 1&2 _____ July 6-9 _____ July 12-16 _____ July 19-23 _____ July 26-30 _____

**MAXIMUM OF 35 STUDENTS PER CLASS. BOROUGH REGISTRANTS ARE GIVEN PRIORITY.
REGISTRATION DOES NOT GUARANTEE ADMITTANCE TO EVERY CLASS.**

TRANSPORTATION TO/FROM PROGRAM:

WALKER /BIKE RIDER _____

CAR RIDER _____ If yes, please answer the next question.

PERMISSION FOR CHILD/CHILDREN TO BE PICKED UP BY PERSON OTHER THAN FAMILY MEMBER:

YES _____ NO _____

PLEASE SPECIFY PERSON(S) _____ PHONE/CELL _____

I AGREE TO ASSIST THE PROGRAM ONE/MORE MORNINGS.

PLEASE LIST DATE(S) _____

PARENT SIGNATURE(S) _____

CHILDREN UNDER 5 YRS. MUST BE ACCOMPANIED BY AN ADULT AT ALL TIMES

Participant Liability Waiver

I hereby authorize my child(ren) to participate in this Recreation Program sponsored by Doylestown Borough. In consideration for that participation, I agree for myself and for the child(ren) to waive any claim for damages against Doylestown Borough, as well as its employees, agents, and volunteers, for any injury sustained as a result of participation in the Recreation Program. I acknowledge that the Program staff will be providing supervision ONLY while my child (ren) are present at and participating in the stated hours of the Recreation Program.

Signature of Parent or Guardian _____ Date: _____

Please return forms to: Doylestown Borough ~ 57 W. Court Street ~ Doylestown, PA 18901
Registration forms for the Burpee Summer Arts & Crafts Program and the Burpee Outdoor Games Program
can also be found at www.doylestownborough.net Call 215-345-4140 for further questions

