

Cleona Community Park Summer Program

June 18, 2018 to August 3, 2018

9:00 am to 1:00pm

#1 Child's Name:	Age:	Birthday	Grade Completed:
_____	_____	_____	_____
#2 Child's Name:	Age:	Birthday:	Grade Completed:
_____	_____	_____	_____
#3 Child's Name:	Age:	Birthday:	Grade Completed:
_____	_____	_____	_____
#4 Child's Name	Age:	Birthday:	Grade Completed:
_____	_____	_____	_____
#5 Child's Name:	Age:	Birthday:	Grade Completed:
_____	_____	_____	_____

Address: _____

City, State, Zip _____

Parent's Name(s): _____ Parent's Phone Number: _____

Parent's E-mail Address: _____

Name of Emergency Contact: _____ Relationship to Child(ren): _____

Emergency Contact's Cell Phone: _____ Home Phone: _____

Please list any medical concerns/allergies for each child listed above:

Child #1: _____

Child #2: _____

Child #3: _____

Child #4: _____

Child #5: _____

Parent Signature: _____

Liability Waiver and Release

In consideration for being permitted to participate in or use facilities associated with Cleona Borough, I agree, for myself and/or for any minors in my care, to fully and completely release Cleona Borough, its officials, employees, boards, departments, agents and affiliated entities from any and all claims, liabilities or actions for any personal injuries to me, personal injuries to minors in my care and/or any loss or damage to my personal property or the personal property of any such minors arising from our participation in Cleona Borough sponsored activities and programs and use of facilities associated with Cleona Borough.

I understand that no health and/or accident insurance is provided by Cleona Borough. I also understand and agree, for myself, and/or for any minors in my care, that I am solely responsible at any sole cost and expense for furnishing medical or other insurance to cover any expenses related to any such personal injuries or property damage.

I hereby give Cleona Borough staff permission to secure emergency medical care for minors in my care who may suffer and injury or illness while in the temporary care of Cleona Borough representatives.

I agree, for myself and/or for any minors in my care, to comply with all Cleona Borough rules and regulations, including any rules and regulations governing any programs for which I, and/or any minors in my care, have registered, and understand and agree that any noncompliance with any such rules and regulations by me, or any minors in my care, may result in termination of the privilege to participate in Cleona Borough sponsored activities and programs and to use the facilities associated with Cleona Borough. In the event of such termination for cause, I understand that I will not be entitled to be reimbursed for any registration fees.

I further agree, for myself and/or any minors in my care that I will furnish a certified birth certificate, proof of birth or other documentation upon request by the Cleona Borough, as may be required for participation in Cleona Borough activities and programs.

I grant the right to use my/our name, image, photograph and video, including composite or modification, representations in publications, brochures, newsletters, reports, website and any other material relating to Cleona Borough activities, programs, and facilities. I waive the right to inspect or approve versions of my/our image used for publication or the written copy that may be used in connection with the image.

Intending to be legally bound hereby, and with full authority, I acknowledge, agree to and accept the terms of this Liability Waiver and Release on behalf of myself and/or on behalf of any minors in my care.

Print Name: _____

Signature: _____ Date: _____

Relationship to Participant: _____

Names of Minors: _____