

City of Newark Department of Parks and Recreation

Activity Registration Form

Please print and fill out completely.

Responsible Adult Must reside within the corporate limits of Newark.

First Name M.I. Last Name Resident* Non-resident

Mailing Address Birthdate - -

City State Zip Code

Home Phone Work Phone Cell Phone

Email Address Please check if you would like to have receipt and information emailed to you.

Participant Information

First Name M.I. Last Name Sex Birthdate - - Age

Activity Number - Activity Name Total Fee \$.

First Name M.I. Last Name Sex Birthdate - - Age

Activity Number - Activity Name Total Fee \$.

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Activity Number - Activity Name Total Fee \$.

<p>ADDITIONAL INFORMATION FOR TRIPS</p> <p>Trip seating request _____</p> <p>Number in Group _____</p> <p>Names of individuals in group _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;">ADDITIONAL INFORMATION FOR YOUTH SPORTS LEAGUES</p> <p>Sports program (please circle one) Baseball Basketball Softball Soccer</p> <p>League Name _____ Last Year's Team (if in same league) _____</p> <p>Shirt Size (please circle one) Y/M Y/L A/S A/M A/L A/XL Is sibling in same league? Yes No Name _____</p> <p>Is parent interested in coaching? Yes No Name _____ Phone number _____</p> <p>Does child have any physical or mental conditions that might require special consideration/attention? If so, please specify _____</p> <p>_____</p>	<p>TOTAL AMOUNT \$ _____ . _____</p>
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Emergency Release Waiver

I, the undersigned (or parent or guardian of _____) hereby authorize the City of Newark, Department of Parks and Recreation and emergency care personnel to provide and render necessary medical care and treatment of myself and/or the asforesaid child for any illness or injury, which may be suffered at any time while participating in Department of Parks and Recreation programs. It is understood that time permitting, specific permission from parent/guardian or family member will be secured in the event of any medical treatment or surgery is to be undertaken, but that, should an emergency arise, this authorization and consent will cover such an event. Also, I/we hereby accept responsibility for any accident which may occur in connection with this recreation activity, hold harmless the City of Newark, and all other parties involved in the promotion and/or conducting of the above named activity. As well, I/we understand that the City of Newark provides NO insurance coverage for this activity. I give permission for myself and/or my child to be photographed while participating and/or attending a Parks & Recreation activity. I understand that photos may be used in future publicity.

Signature (If under 18, parent/guardian must sign) _____ Date ____/____/____

The activities offered by the Newark Parks and Recreation Department are accessible to individuals with disabilities. If there are any reasonable accommodations that we might need to make for the participant to fully participate in this/these activities, please call the Parks and Recreation office to discuss the matter with the activity supervisor(s).

Please return registration form with payment to:
Newark Parks & Recreation Department
220 Elkton Road
Newark, DE 19711
Fax (302) 366-7169

Payment type: Cash Check Visa MasterCard Debit Card

Card #

Exp. Date ____/____/____ Name on card (Print) _____

Make check(s) or money order payable to: **CITY OF NEWARK**

If you have questions about any of our programs, please call (302) 366-7060 or email parksrec@newark.de.us.

City of Newark Department of Parks and Recreation Activity Registration Form For Camp and Extended Youth Activities

Please print and fill out completely for Day Camps, Sports Camps, Preschool, Before/After care, Schools Out, Y.E.S., Safety Town, Tot Lots, & Playgrounds

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Mailing Address Birthdate - -

City State Zip Code

Home Phone Work Phone Cell Phone

Email Address Please check if you would like to have receipt and information emailed to you.

Participant Information

First Name M.I. Last Name Sex Birthdate - - Age

Activity Number	Activity Name	Total Fee
<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

Supplemental Information **TOTAL (From this sheet and others attached) \$**

1. Parent/Guardian Name Work Phone Work Hours Cell Phone

Parent/Guardian Name Work Phone Work Hours Cell Phone

Home Phone

Emergency Contact Name Phone Cell Phone

2. Person other than the parent/guardian to whom the child may be released

3. Child's Doctor Phone

4. Medical Insurance Company Policy /Group Number(s)

5. Is child under medical care? If yes, please explain

6. Is it necessary for child to take medication during the program hours? If yes, please explain

7. Date of most recent DPT shot

Does child have any allergies? If yes, please explain

8. My child is permitted to participate in all activities to include short walking trips under the supervision of the program staff.

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