

# City of Newark Department of Parks and Recreation

## Activity Registration Form

Please print and fill out completely.

<b>Responsible Adult</b>		Resident* <input type="checkbox"/>	Non-resident <input type="checkbox"/>
First Name	M.I.	Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mailing Address			
<input type="text"/>			
City	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home Phone	Work Phone	Cell Phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email Address			Please check if you would like to have receipt and information emailed to you. <input type="checkbox"/>
<input type="text"/>			

<b>Participant Information</b>		Sex <input type="checkbox"/>	Birthdate	Age
First Name	M.I.	Last Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
Activity Number	Activity Name		Total Fee	
<input type="text"/>	<input type="text"/>		\$ <input type="text"/>	
<input type="text"/>	<input type="text"/>		\$ <input type="text"/>	

<b>Participant Information</b>		Sex <input type="checkbox"/>	Birthdate	Age
First Name	M.I.	Last Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
Activity Number	Activity Name		Total Fee	
<input type="text"/>	<input type="text"/>		\$ <input type="text"/>	
<input type="text"/>	<input type="text"/>		\$ <input type="text"/>	

<b>Participant Information</b>		Sex <input type="checkbox"/>	Birthdate	Age
First Name	M.I.	Last Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
Activity Number	Activity Name		Total Fee	
<input type="text"/>	<input type="text"/>		\$ <input type="text"/>	
<input type="text"/>	<input type="text"/>		\$ <input type="text"/>	

<b>ADDITIONAL INFORMATION FOR TRIPS</b>	<b>ADDITIONAL INFORMATION FOR YOUTH SPORTS LEAGUES</b>	<b>TOTAL AMOUNT</b> \$ <input type="text"/>
Trip seating request _____	Sports program (please circle one) Baseball Basketball Softball Soccer	
Number in Group _____	League Name _____ Last Year's Team (if in same league) _____	
Names of individuals in group _____	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 _____	
_____	Is parent interested in coaching? Yes No Name _____ Phone number _____	
_____	Does child have any physical or mental conditions that might require special consideration/attention? If so, please specify _____	
_____	_____	

### 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 aforesaid 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 <input type="checkbox"/>	Check <input type="checkbox"/>	Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/>	Debit Card <input type="checkbox"/>
Card #	<input type="text"/>				
Exp. Date	____/____/____	Name on card (Print)	_____		
Make check(s) or money order payable to: <b>CITY OF NEWARK</b>					

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

### Responsible Adult

First Name	M.I.	Last Name	Resident*	Non-resident
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mailing Address				
<input type="text"/>				
City			State	Zip Code
<input type="text"/>			<input type="text"/>	<input type="text"/>
Home Phone	Work Phone		Cell Phone	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
Email Address				
<input type="text"/>				
				Please check if you would like to have receipt and information emailed to you. <input type="checkbox"/>

### Participant Information

First Name	M.I.	Last Name	Sex	Birthdate	Age
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
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"/>

### 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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Payment type:	Cash	Check	Visa	MasterCard	Debit Card
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Card #	<input type="text"/>				
Exp. Date	____/____/____		Name on card (Print)	_____	
Make check(s) or money order payable to: <b>CITY OF NEWARK</b>					

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