

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, Before/After care and Schools Out

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
<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.

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 South Main Street
Newark, DE 19711
Fax (302) 366-7169

Payment type: Cash Check Credit Card Security Code

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) 366-7000 or email parksrec@newark.de.us.