



BOROUGH OF WYOMISSING
PLAYGROUND PROGRAM
CONSENT FORM AND RELEASE/WAIVER FORM

PARENT/GUARDIAN NAME _____

ADDRESS _____

PHONE PHONE _____ EMERGENCY PHONE _____

WORK PHONE _____ CELL PHONE _____

Child's Name _____
Date of Birth _____
In case of emergency, if the above parent is NOT available, contact:
Name _____
Address _____
Home Phone _____
Work Phone _____
Cell Phone _____
Pick Up Authorization
Name _____
Phone _____
Relationship to child _____
Name _____
Phone _____
Relationship to child _____
Photographic Consent
The Borough of Wyomissing is authorized to use photo/video images in which my child appears for promotional purposes. YES NO
Walk/Ride Bike Consent
Child has permission to walk or ride bike to and from the Wyomissing Playground Program. YES NO
Allergies
Please list any unfavorable reactions:
Other Medical Conditions:

Child's Name _____
Date of Birth _____
In case of emergency, if the above parent is NOT available, contact:
Name _____
Address _____
Home Phone _____
Work Phone _____
Cell Phone _____
Pick Up Authorization
Name _____
Phone _____
Relationship to child _____
Name _____
Phone _____
Relationship to child _____
Photographic Consent
The Borough of Wyomissing is authorized to use photo/video images in which my child appears for promotional purposes. YES NO
Walk/Ride Bike Consent
Child has permission to walk or ride bike to and from the Wyomissing Playground Program. YES NO
Allergies
Please list any unfavorable reactions:
Other Medical Conditions:

Please provide information for EACH child registered.

In compliance with current HIPPA Regulations, parents' of participants are not obligated to disclose information regarding allergies and medical conditions, however, any and all information provided will be used solely for the purpose of accommodating the child's needs within our program and will be kept confidential except in the case of emergency when such information may be provided to a medical provider to aid in providing any required medical treatment.

MEDICAL AUTHORIZATION AND CONSENT

In the event of an emergency which would require medical care and treatment to be administered to my child, I hereby authorize any physician, hospital or other healthcare provider to give emergency medical care and treatment to my child. It is understood that the adult in charge will attempt to contact me.

Parent / Guardian Signature

Date

RELEASE AND WAIVER

I verify that all the information stated herein is true and correct to the best of my knowledge and belief. I understand that any changes to the above information or additional instructions or information must be given to the adult in charge in writing. Further, in consideration of my child's participation in the Playground Program, do hereby for myself, my minor child, all heirs, successors and assigns agree to release, waive and forever discharge from any and all liabilities and further agree to indemnify, safe and hold harmless, the Borough of Wyomissing, its officials, employees, servants, agents from any loss, liability, damage or costs which may be incurred to my child's participation in the Playground Program. I acknowledge that the Borough of Wyomissing does not carry any accident and health insurance for my child's participation in the Playground Program. I further understand that the Borough of Wyomissing will not be responsible for my child for any time other than time of program for which s/he is registered as follows: Tot Lot 9:00 AM to 11:00 AM, Playground 9:00 AM to Noon, Playground at the Pool 1:30 PM to 3:30 and Evening at the Playground 6:00 PM to 8:00 PM Monday through Thursday. I have read this Medical Authorization and Photographic Consent Form and Release and Wavier and declare and affirm that I understand and agree to the contents herein.

Parent / Guardian Signature

Date