

# 2024 SUMMER PLAYGROUND PROGRAM REGISTRATION

**\*\*Open to Ages 5-14\*\***

The Summer Playground Program will operate on Tuesdays and Thursdays beginning on 6/11/24 – 7/25/24 (Week of July 4<sup>th</sup> off) from the hours of 9:00 am – 12:00 noon. Activity schedules will be handed out during the Summer Program. Drop off & pick up will be at the Lions Club Park, lunch will be served to the children at the park at 11:30 am (Compliments of the Mercersburg Elementary School). Register Early!! Only 50 Children Accepted!

## CHILD'S INFORMATION:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade Attending in September: \_\_\_\_\_

## PARENTS' INFORMATION:

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mom's Address: \_\_\_\_\_  
\_\_\_\_\_

Dad's Address: \_\_\_\_\_  
\_\_\_\_\_

Mom's Phone #: \_\_\_\_\_

Dad's Phone #: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION:

Contact # 1: \_\_\_\_\_

Contact # 2: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

## PHYSICIAN INFORMATION:

Doctor's Name: \_\_\_\_\_

Please List Allergies: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Medical Conditions: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

**MEDICAL INSURANCE INFORMATION:**

Insurance Carrier: \_\_\_\_\_

ID #: \_\_\_\_\_

Group #: \_\_\_\_\_

**EMERGENCY CONSENT FORM:**

My child, \_\_\_\_\_ has my permission to attend the Mercersburg Summer Playground Program and all scheduled fieldtrips. I understand that reasonable measures will be taken to safeguard the health and safety of my child. In case of emergency or illness, every effort will be made to notify me. I give my permission to any staff member of the Mercersburg Playground Program to authorize medical care for my child in case of an emergency or illness. In the event of an emergency, medical personnel may give any treatment necessary to my child. I will not hold the Borough of Mercersburg, Lion's Club, or staff member personally or financially responsible for any accident or illness that may occur. I understand that my child may be transported to and from the field trips by a program staff member.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone/Cell #: \_\_\_\_\_

Other Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**VOLUNTEER INFORMATION:**

Parents/Guardians are permitted to serve as volunteers for the Mercersburg Summer Playground Program.

- If you desire to serve as a volunteer, you are required to obtain the following background check clearances pursuant to the Child Protective Services Law, 23 Pa.C.S. § 6301 *et seq.*, and provide them to the Borough Manager:
  - Pennsylvania State Police Request for Criminal Record Check
  - Pennsylvania Child Abuse History Clearance
  - FBI Criminal Background Check
    - If you have been a continuous resident of Pennsylvania for the past 10 years you may swear or affirm, in writing, that you are not disqualified from volunteer service based upon a conviction of an offense under 23 Pa.C.S. § 6344.
- If you do not desire to serve as a volunteer, you may still attend Program activities with your child, however, you will not be permitted to routinely interact with, or provide care, supervision, guidance, or control to children other than your own.

I (choose one) DO / DO NOT wish to serve as a volunteer for the Mercersburg Summer Playground Program.

**LIBRARY PERMISSION SLIP:**

\_\_\_\_\_ has my permission to check out books at the Fredrick Library. I am  
(Child's Name) aware that we are responsible to make sure that the books are turned back in.

\_\_\_\_\_ DOES NOT have my permission to check out books from the library.  
(Child's Name)

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS IS A WAIVER & RELEASE AGREEMENT**  
Borough of Mercersburg

**BACKGROUND**

The Borough of Mercersburg is sponsoring a summer playground program, where children ages five through fourteen will participate in a variety of activities including exercise, arts and crafts, story time, games, special guests, and other programs. The program will run June 11<sup>th</sup> through July 25<sup>th</sup> (July 4<sup>th</sup> week off) on Tuesdays and Thursdays from 9:00 AM until 12:00 noon. Activities will be held at the Lions Club Park where lunch will also be served at 11:30 AM.

All individuals who wish to participate in the Summer Playground Program must first sign this Waiver and Release Agreement. In the event a participant is under the age of eighteen (18) years, a parent or legal guardian shall sign this Waiver and Release on behalf of said participant and the terms of this Waiver and Release shall be binding on said participant and parent or legal guardian. If a parent or legal guardian signs this Waiver and Release, that individual, by signing this Waiver and Release, acknowledges and confirms that they have read and understand the terms of this Waiver and Release and was authorized to sign on behalf of the participant as such parent or legal guardian.

Nothing herein is intended to waive or otherwise affect any immunities, privileges, defenses and/or limits of liabilities available to the Borough pursuant to applicable laws including but not limited to the Pennsylvania Political Subdivision Tort Claims Act, 42 Pa.C.S.A. § 8541 *et. seq.* as may be amended from time to time.

**GENERAL WAIVER**

As a participant or as the parent/guardian of a participant in the Summer Playground Program, I acknowledge and confirm that the Borough does not warrant the condition of the Summer Playground Program locations or any other property associated, directly or indirectly, with the Summer Playground Program. I further recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages, or loss which the participant or the participant's property may sustain as a result of participating in any and all activities connected with or associated with the Summer Playground Program.

As a participant or as the parent/guardian of a participant in the Summer Playground Program, I do hereby fully release, waive and discharge the Borough and its officers, agents, servants, and employees from any and all claims, demands, or causes of action that may arise, directly or indirectly, from injuries, including death, damage, or loss to person or property which I or the participant may have or which may accrue to me or the participant on account of my, or the participant's, participation in the Summer Playground Program.

As a participant or as the parent/guardian of a participant in the Summer Playground Program, I further agree to indemnify and hold harmless and defend the Borough and its officers, agents, servants, and employees from any and all claims, demands or causes of action that may arise from injuries, including death, damages, and losses to person or property sustained by the participant and arising out of, connected with, or in any way associated with the activities of the Summer Playground Program.

**By signing below, I acknowledge and confirm that I have read and understand the terms of this Waiver and Release and that I agree to abide by the terms of this Waiver and Release.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**If signed by parent or guardian:**

\_\_\_\_\_  
Name of Minor Child

\_\_\_\_\_  
Relationship to Minor Child

# MINOR (CHILD) PHOTO RELEASE FORM

I, \_\_\_\_\_, the parent or legal guardian of  
\_\_\_\_\_ [Child] grant Mercersburg Borough

[Party Receiving Permission] my permission to use the photographs described as Rising Stars Summer Program [Describe Photographs] for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

