

**LIBERTY TOWNSHIP  
SUMMER RECREATION PROGRAM  
2010 REGISTRATION FORM**

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

Grade Sept. '10: \_\_\_\_ Age: \_\_\_\_ Must be 6 as of Oct. 1, '10 Date of Birth: \_\_\_\_\_

Address (please include zip code) \_\_\_\_\_  
\_\_\_\_\_

Name of parent or guardian: \_\_\_\_\_

Phone Number: \_\_\_\_\_ home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Email: \_\_\_\_\_

Contact in case of emergency:

1.) Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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

Cell Number: \_\_\_\_\_

2.) Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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

Cell Number: \_\_\_\_\_

Please list any pertinent medical conditions/allergies:

\_\_\_\_\_  
\_\_\_\_\_

Please indicate child's means of transportation:

Bike or on foot: \_\_\_\_ Parent: \_\_\_\_ Other (please list NAMES): \_\_\_\_\_

\_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

I knowingly accept all rules set forth for my child by the Liberty Township Recreation Commission. I understand that my child may be asked to leave the program because of inappropriate behavior. I also understand that the Township of Liberty and/or the Summer Recreation Program Director are not liable for any accidents or injuries incurred during the program.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date