



Summer Playground Program 2019 Registration Form

Participant Information	
Participant Name:	Birthdate:
Participant Address:	
Municipality:	Shirt:

Parent/Legal Guardian 1 Information	
Name:	Home/Cell Phone:
Home Address:	
Employer:	Employer Phone:

Parent/Legal Guardian 2 Information	
Name:	Home/Cell Phone:
Home Address:	
Employer:	Employer Phone:

Fees	
Program Dates: 6/10/19- 8/16/19	
First Child Program Fees:	\$900
Additional Children Fees:	\$800
A \$100 non-refundable deposit will be required when registering, this will be applied to your final payment.	
Pool membership is strongly recommended as the program goes three days a week	
There is a daily pay option for the pool	

Middletown Area Recreation Alliance is a subsidiary of Middletown Area School District that operates in conjunction with Middletown Borough, Royalton Borough, and Lower Swatara Township



Waiver/Consent Form

I give permission for the following: (please check all that apply)

- Basic First Aid/CPR
- Emergency Medical Care
- Transportation by staff or EMS in an emergency
- Transportation or walking for field trips, as well as the field trips
- Daily walking field trips
- Pictures to be used for social media, advertising, or publications
- Go swimming with the playground program at the Middletown Pool

Participation in any program is at your own risk. The Middletown Area School District will not pay any medical expenses a participant may incur while involved in these programs. We advise participants to carry their own accident insurance. By registering for any Middletown Area Recreation Alliance program, class or event, you are agreeing to allow the publication of any photos taken of you and/or your child at any program, class, event or facility of Middletown Area Recreation Alliance.

Print: _____

Signature: _____ Date: _____

There is a \$100 non-refundable deposit for each child that is required at the time of registration. That deposit will be applied to your final payment for the summer program. Payments can be made at your leisure, however, at least 50% of the program fees must be made by June 7th, 2019 in order for your child to attend the beginning of the program. All program fees must be paid in full by end of business day July 12th, in order for your children to continue the program.

Children will not be accepted the next business day unless payment is received.

I understand and agree to the fees and terms above.

Signature: _____ Date: _____

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Summer Parks Program Emergency Contact Form

Name of Child:	Birthdate:
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Emergency Contact 1 (Other than parent/legal guardian)

Name:	Relationship:
Address:	Phone Number:

Emergency Contact 2 (Other than parent/legal guardian)

Name:	Relationship:
Address:	Phone Number:

Additional Person(s) to Whom Participant May Be Released

Name:	Phone Number:
Name:	Phone Number:

Physician/Medical Care Provider

Name:	Phone Number
Address:	
Participant Allergies:	Diagnosis:
Special Accommodations (doctors note required):	
Insurance Carrier:	Policy Number:

I agree that all information above is complete and accurate. Failing to have completed the form, may result in your child being unable to attend until completed.

Signature: _____ Date: _____

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