

**City of Philadelphia – Department of Recreation**  
**DAY CAMP REGISTRATION**  
2007

Name of Facility \_\_\_\_\_ District \_\_\_\_\_

Facility Supervisor \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

School: \_\_\_\_\_ TANF: (yes or no) \_\_\_\_\_

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

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

Phone Numbers: \_\_\_\_\_

(home)

(work)

(cell)

Name of Emergency Contact: \_\_\_\_\_

(other than parent/guardian)

Phone Numbers: \_\_\_\_\_

(home)

(work)

(cell)

List any medical condition(s) which we should be made aware of: \_\_\_\_\_

The following people are authorized to pick up my child at the site:

**NAME**

**RELATIONSHIP**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEDIA RELEASE**

I hereby grant permission to record my child's/ward's likeness and/or voice for use by television, films, radio or printed media to further the aims of the Philadelphia Recreation Department in related campaigns and magazine articles, booklets, posters and in any other ways they may see fit.

Signature of Responsible Party \_\_\_\_\_

Relationship \_\_\_\_\_

**EMERGENCY CLAUSE**

In the event that I cannot be reached in an emergency, I hereby give my permission to employees of the Philadelphia Recreation Department to secure proper medical care for my child as deemed necessary.

Signature of Responsible Party \_\_\_\_\_

Relationship \_\_\_\_\_