



**CECIL C HALLOCK/ DISTRICT 2 PARK  
SUMMER RECREATION PROGRAM  
TOWN OF NEW BALTIMORE**

**PARTICIPANT REGISTRATION FORM**

NAME OF CHILD \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_ (5 & OVER)

ADDRESS \_\_\_\_\_ D.O.B. \_\_\_\_\_

STREET ADDRESS (if different) \_\_\_\_\_

NAME OF PARENT / GUARDIAN \_\_\_\_\_

NAME(S) AND Relationship of ANY OTHERS WHO MAY PICK up your child \_\_\_\_\_

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

PHONE NO. \_\_\_\_\_ EMERGENCY PHONE NO. \_\_\_\_\_

ANY ALLERGIES OR SPECIAL CONSIDERATIONS? \_\_\_\_\_

I, \_\_\_\_\_, give my permission for my son/daughter,  
\_\_\_\_\_ to participate in the Town of New Baltimore Summer Parks  
Program held at the Cecil Hallock Park District 2, starting **Monday, July 10 to Friday, August 4, 2017.**

I understand the program will run from 9:00 a.m. until 11:30 a.m., Monday through Friday and that  
I will pick up my child PROMPTLY. I understand that the permission also includes all outings.

In the event I cannot be reached in an emergency, I hereby give my permission for my child to be  
examined and/or treated at the nearest hospital or the one I have stated.

Hospital \_\_\_\_\_ Dr. Name & Phone# \_\_\_\_\_

X \_\_\_\_\_

**Parent/ Guardian**

**Date**

*Although there will be some snacks and drinks available, please send a snack and drink with your child  
unless otherwise indicated on the events calendar.*