



301 W. Maple St.
 Lititz, Pa 17543
 717-626-5096
www.lititzrec.com

Lititz recCenter Playground Program EMERGENCY CONTACT FORM

Location _____

Child(ren) Name(s): _____ **Date of Birth(s):** _____

Address: _____ **Municipality:** _____

Mother's Name: _____ **Phone Number:** _____

Father's Name: _____ **Phone Number:** _____

Emergency Contact if parent(s) cannot be reached / Person(s) to whom child may be released:

Name: _____ **Phone #:** _____

List the following person(s) that you give permission to drop off/pick up your child(ren) from the program:

Name: _____ **phone #:** _____

Name: _____ **phone #:** _____

Health Insurance Provider: _____ **Policy #** _____

Group # _____ **Hospital Preference:** _____

Does the child have any allergies? (Including medication) Yes _____ **No** _____

If yes, please explain: _____

Some program activities are rigorous; are there any restrictions or conditions that would prevent your child from being involved in these programs? Yes _____ **No** _____

If yes, please explain: _____

Is there any additional information that we need to know? _____

This information is true to the best of my knowledge and I hereby give the Lititz recCenter Staff the permission to provide the best possible emergency procedure available. I also understand that some programs, as with any physical activity, can be hazardous and injuries may occur.

I also release the Lititz recCenter, Lititz, PA, and its employees, and volunteer staff from any responsibility/liability in the case of my child incurring an injury during the course of the program. Our staff's attention and main focus are on the children participating in the group activities. If your child refuses to participate in our activities please note that our staff cannot be held liable.

I understand that my child may be photographed in group situations or individually during this program. I hereby give consent for such photos to be published in newspaper articles or for advertising purposes.

Signature _____

Date _____