

City of Monroe
Parks and Recreation Division
Summer Youth Program
Registration Form

(Please Print Information-One Form Per Child)

Fee: \$6.00 Per Child (Money Order or Cashier's Check, NO CASH or PERSONAL CHECK)

Date: _____

Name of Center _____ Supervisor _____ Phone: _____

Child's Name _____ Birthdate _____ Gender _____ Age _____

Address _____ City _____ State _____ Zip _____

School _____ Grade _____

Is there a brother or sister participating in this summer program? Yes _____ No _____

If yes, please list names and ages _____

Mother/Guardian's Name _____ Home # _____ Work # _____ Cell # _____

Father's Name _____ Home # _____ Work # _____ Cell # _____

Emergency Contact other than parents/guardians:

Name/Relationship _____ Home # _____ Work # _____ Cell# _____

Preferred Hospital _____

*******CHILD PROTECTION INFORMATION*******

Is there someone specific who ***SHOULD NOT*** contact or check out your child? Yes _____ No _____ If yes, please give name and description (height, weight, hair style, scars/marks, glasses, etc) and kind of vehicle driven (make, model, color, dents, etc)? _____

Is there a court order in place? Yes _____ No _____ If yes, please provide a copy.

I/We the parent(s)/guardian(s) of the above named child, hereby give my/our permission to his/her participation in the Monroe Parks and Recreation Summer Program. I/We do hereby waive, absolve, release, indemnify and agree to hold harmless the City of Monroe and its employees, organizers, sponsors, summer workers and participants, from any legal claim arising from my child's participation.

Parent/Guardian's Signature _____

Print Name _____

Date _____