



DOVER RECREATION PLAYGROUNDS PROGRAM REGISTRATION 2025 (Dover Residents Only!)

Please note this is a weather dependent program

PARTICIPANT'S NAME: _____ DATE OF BIRTH: _____
ADDRESS: _____ AGE: _____
CITY: _____ STATE: _____ ZIP CODE: _____ GRADE COMPLETED JUNE 2024: _____
HOME PHONE: _____ Cell Phone: _____
EMAIL (For cancel/Change notifications): _____
Parent/ Guardian NAME: _____ EMERGENCY DAY PHONE: _____
Parent/ Guardian NAME: _____ EMERGENCY DAY PHONE: _____
EMERGENCY CONTACT (NEIGHBOR/RELATIVE): _____ PHONE: _____

PLAYGROUND PROGRAM @ Horne Street Playground

June 23rd – August 8th (Ages 6 (as of 6/1/25)-12)
\$350 per child before May 31st/\$400 per child after June 1st

Swimming Ability: Swimmer ☐ Non-swimmer ☐

Please indicate if child may go home by themselves for any reason - be specific!!! (Rain, bathroom, etc.) _____

Individuals allowed to pick up my child: _____

***If anyone other than those individuals listed may pick up your child – please make sure we are notified in writing of who they are!**

\$10.00 Non-refundable administration fee included in each fee.

LIABILITY WAIVER/MEDICAL RELEASE

I, the undersigned, parent or guardian, do hereby acknowledge that the foregoing activity is recreational and not a necessity, and agree to allow the individual(s) named above to participate in the activity, and I further agree on my own behalf, any other parent/guardian, and on behalf of the individual(s) named above to release, waive, covenant not to sue, and hold the City of Dover, its Recreation Department, and all officials, employees, and agents harmless from and against any and all manner of liability, including but not limited to actions, omissions, and/or negligence of the City and/or its officials/employees/agents, for any injury, sickness, impairment, disease, illness, death, loss, expense, or damages which is or may be suffered by you and/or the aforementioned individual arising out of or in relation to his/her participation in this activity.

The foregoing release/waiver/covenant not to sue/hold harmless also extends to any and all risks associated with the novel coronavirus (COVID-19), for which I expressly assume all risk associated with and which I understand is extremely contagious and is believed to spread mainly from person-to-person contact.

I understand that in case of injury or illness, I will be notified. If it is impossible to contact me and if it is an emergency, I hereby give permission to the attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for the safety of my child. I, the parent/legal guardian, the undersigned have read this release and understand all its terms. I execute this release voluntarily and with full knowledge of its significance. I have executed this release on this date indicated next to my name. If needed please use backside.

We may take photographs during the Summer Programs. May we use your child's photograph in future publications? ☐ Yes ☐ No

SIGNATURE: _____ **Date:** _____

Note: Please indicate any medical concerns: medication(s) child is taking, swimming problems or other physical disabilities of which we should be made aware of:

Health Insurance Company: _____ Policy Holder: _____

Policy # _____ Group # _____ ID # _____ Certificate # _____