



# DOVER RECREATION PLAYGROUNDS PROGRAM REGISTRATION 2024 (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 2023: \_\_\_\_\_  
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 @ Garrison School Playground

June 24<sup>th</sup> – August 9<sup>th</sup> (Ages 6 (as of 6/1/24)-12)  
\$350 per child before May 31<sup>st</sup>/\$400 per child after June 1<sup>st</sup>

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 # \_\_\_\_\_