

TOWN OF SOUTHTON RECREATION DEPARTMENT

## 2024 PLAYGROUND PROGRAM REGISTRATION FORM

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### SESSION OPTIONS

**Choose up to TWO:**  
(Pending Availability)

☐ **Session 1:** June 24-28 + July 1-3

**S1 Fee:** \$150 per child

☐ **Session 2:** July 8-12 + July 15-19

**S2 Fee:** \$150 per child

☐ ~~**Session 3:** July 22-26 + July 29-August 2~~

**SOLD OUT**

☐ **Session 4:** August 5-9

**S4 Fee:** \$75 per child

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ ☐ Male ☐ Female

Home Address (# and Street; No PO Boxes): \_\_\_\_\_

Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian Name #1: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name #2 (If Applicable): \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### EMERGENCY CONTACTS

Parent(s)/guardian(s) named above will always be contacted first in an emergency. In the event that a parent/guardian cannot be reached, please list **AT LEAST ONE** other backup emergency contact below.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

### MEDICAL INFORMATION

Allergies: \_\_\_\_\_

Uses **Epi-Pen**: ☐ Yes ☐ No      Uses **Inhaler**: ☐ Yes ☐ No

Medical Conditions  
and/or Disabilities: \_\_\_\_\_  
\_\_\_\_\_

Child's Name: \_\_\_\_\_

### POOL USAGE PERMISSIONS

NOTE: Children using the swimming pool must be able to swim without relying on the pool wall for support. Use of life jackets and/or flotation devices is not permitted at any time; no exceptions.

- Choose ONE:**
- ☐ **NONE** – Child will not be permitted to use any pool facilities.
  - ☐ **WADING POOL ONLY**
  - ☐ **WADING POOL + TEST** – A lifeguard will administer a test to determine whether or not your child has the skills necessary to safely use the swimming pool as well.
  - ☐ **SWIMMER** – Full use of the swimming pool and wading pool; no restrictions.

### PHOTO/VIDEO PERMISSIONS

On occasion, the Southington Recreation Department and/or local media outlets (newspapers, TV) may wish to take and publicly share pictures or videos to highlight fun summer activities during the Playground Program. Names and other information specific to any individual child would not be shared. Please take a moment to let us know your preferences regarding the use of photos/videos of your child:

- ☐ **YES** – My child may be included in photos/videos taken by the Recreation Department and/or local media.
- ☐ **No** – Please do not take, use, or share any photos or videos of my child.

### ADDITIONAL PICK-UP PERMISSIONS

In addition to the parent(s)/guardian(s) named on Page 1, the individual(s) named below have permission to pick up the above-named child from the Playground Program. All individuals will be asked to present proper identification to a program staff member before being allowed to leave the school/park grounds with any child.

*(Please print names clearly below. Do not list parents/guardians already named on the registration form.)*

_____	_____
_____	_____
_____	_____
_____	_____

*I, the undersigned, hereby affirm that I am the parent or legal guardian of the child named on this form and give my approval for said child to participate in any and all 2024 Playground Program activities. I assume all risks & hazards incidental to such participation, including transportation to and from the activities. As such, I agree to hold harmless the Town of Southington, the Recreation Department, Playground Program staff, participants, and persons transporting my child to or from activities in the event of any injury incurred. I am also aware that there are no medical personnel in attendance and I authorize program staff to act for me accordingly, using their best judgment, in the event of an emergency requiring medical attention.*

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**MAKE CHECK OR MONEY ORDER PAYABLE TO: TOWN OF SOUTHINGTON**

**MAIL OR BRING TO: RECREATION DEPARTMENT, 388 PLEASANT STREET, SOUTHINGTON, CT 06489**