

**SLIPPERY ROCK AREA PARKS & RECREATION  
PLAYSAFE REGISTRATION FORM**

**2018/2019**

Circle school that your child attends:

MORaine

SRAE

Child's Name \_\_\_\_\_ Allergies \_\_\_\_\_

Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Allergies \_\_\_\_\_

Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Mother/Legal Guardian Name: _____ Address _____ City _____ Zip _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ E-Mail: _____
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Father/Legal Guardian Name: _____ Address _____ City _____ Zip _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ E-Mail: _____
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Please list at least two names, beside yourself, whom you authorize to pick-up your child. If you are divorced, please list other parent's name, if they are permitted to pick-up your child. If there is a court order involved, please provide a copy to the Park office.

1. Name \_\_\_\_\_

2. Name \_\_\_\_\_

3. Name \_\_\_\_\_

4. Name \_\_\_\_\_

Names of emergency contact, if parent is unavailable:

1. Name \_\_\_\_\_ Number \_\_\_\_\_

2. Name \_\_\_\_\_ Number \_\_\_\_\_