

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

2020-2021

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: _____

Father/Legal Guardian Name:

Address _____

City _____ Zip _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-Mail: _____

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 _____