

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

**2022-2023**

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 \_\_\_\_\_