***Town of Skaneateles Parks Department***

**2021 Playday Dates:**

**June 28 – August 13th**

***Jr. Playday, Playday and Senior Playday***

***BEFORE PLAYDAY PROGRAM FORM***

***Please check the appropriate program:***

\_\_\_\_\_ **Before Program Only 7:30am – 8:45am – No refunds! If no sign ups/no program**

* **Please indicate what week(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_**Resident: $25 per week/per child (third child $10)**

**\_\_\_Non-resident: $35 per week/per child (third child $15)**

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender:\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade Level Completed: \_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ Family Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_ \_\_\_\_\_\_\_

*SPECIAL INSTRUCTIONS: (*allergies, eye glasses, heart problems, asthma, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your child is in a sports camp during camp time, please mark where and when for pick up purposes

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Updated Immunization Submitted**

IN THE CASE OF EMERGENCY WHEN PARENT/GUARDIAN CAN NOT BE REACHED PLEASE CONTACT:

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

**MEDICAL AUTHORIZATION**

*This authorizes a licensed physician, surgeon or other recognized hospital staff member to carry out emergency medical care deemed necessary for my child/ward in an emergency when normal permission is unavailable.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Signature of Parent/Guardian

Mail to: Parks Department, 24 Jordan Street, Skaneateles, NY 13152 or download forms at [**www.townofskaneateles.com**](http://www.townofskaneateles.com)

**Questions or Concerns - Please call Sue Murphy, 315-685-1949**