



**City of Midway
Summer Recreation Registration**

Date: _____
Name: _____ Resident of Midway (Y)(N)
Age: _____ Sex: (Male)(Female) Birth Date: _____
Address: _____ City: _____
Parents Name(s) _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Employer: _____ Family Doctor: _____
Can you volunteer for Special Events Days: Yes No

The following people are authorized to pick up my child:

1. _____ Phone #: _____ Relationship: _____
2. _____ Phone #: _____ Relationship: _____
3. _____ Phone #: _____ Relationship: _____
4. _____ Phone #: _____ Relationship: _____
5. _____ Phone #: _____ Relationship: _____

Emergency Contact Person: _____ **Phone:** _____

*Please note if your child has a physical disabilities, allergies, requires medication, is an exceptional child or has/had any medical consideration such epilepsy: _____

*My child has permission to **FREELY** come and go from the park **UNSUPERVISED.**
(YES)(NO)

I understand that the City of Midway Recreation Staff will not be held accountable if I choose the above option and I understand that my child/children will not be supervised during the time they signed out from the program and leave the premises.

Program Hours are from 8 AM to 5PM

There will be limited supervision between 7:30 AM and 8 AM and between 5 PM and 5:30.

I READ AND UNDERSTAND THE INFORMATION IN THE PARENT POLICY HANDBOOK:

SIGNATURE

DATE