

# BYRON SUMMER RECREATION REGISTRATION

Please list all children (last name, first name and ages) that will be attending recreation:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Father's name: \_\_\_\_\_

Mother's workplace and phone: \_\_\_\_\_

Father's workplace and phone: \_\_\_\_\_

Daycare provider: \_\_\_\_\_

Address and phone: \_\_\_\_\_

Days and times of care: \_\_\_\_\_

In case parent(s) or daycare provider cannot be reached, who should be contacted in the event of an emergency?

Name: \_\_\_\_\_

Address and phone: \_\_\_\_\_

List any allergies, medications and other health information staff should know:

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

Comments/Other Information: \_\_\_\_\_

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

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date