



Borough of West Reading Non-Resident Playground Registration Form



Registrations submitted after 6/8/26 will be assessed a \$25 late processing fee.

PARENT/GUARDIAN NAME _____

ADDRESS: _____ CITY _____ ZIP _____

PHONE NUMBER _____ CELL NUMBER _____

EMAIL _____ EMERGENCY NUMBER _____

HALF DAY PROGRAM \$350.00
AGE GROUP 6-12 YEARS OLD CHILD MUST 6 YEARS OLD BY 6/1/26 NO EXCEPTIONS

CHILD'S NAME	DATE OF BIRTH	FEE

T-shirt Size: Youth S M L XL or Adult S M L XL

EMERGENCY CONTACT

Name: _____

Home Phone: _____ Cell Phone: _____

Relationship to Child: _____

FIELD TRIP (must be paid before program starts)

Field Trip Fee \$160.00 YES NO

WAIVER OF LIABILITY

I hereby give permission for my child to attend the Borough of West Reading Summer Playground Program and to participate in all playground activities unless otherwise listed. I understand that the Borough neither assumes nor accepts any responsibility for bodily injury or property damage while participating in the summer program. I acknowledge that field trips and activities away from the West Reading Playground, may require me to pay additional fees throughout the summer in order for my child to participate, and I give permission for my child to participate in the transportation program, or I will transport my child myself. I understand that I and my child must comply with the rules and regulations of the summer program. By signing below, I hereby authorize my child to be taken to the nearby hospital to receive medical treatment. I will not hold the Borough of West Reading or any of its employees and/or volunteers liable for injuries incurred while participating in the Borough of West Reading Summer Playground Program.

Parent/Legal Guardian Signature _____ Date _____, 20____.

Print Name of Parent/Legal Guardian _____

LATE PICK UP FEE:

To offset additional staffing fees to accompany a child that is not picked up on time, a late fee of \$20 for every 15-minute interval will be assessed.

OFFICE USE ONLY

Playground Amount Due: (GL Code: 90 367-300) \$ _____

Field Trip Amount Due: (GL Code 90-387-301) \$ _____

Total Amount Due: \$ _____ Paid by: Cash \$ _____ Check # _____ Credit Card \$ _____

Received by: _____ Date: _____



Borough of West Reading Playground Medical Form



Child's Name: _____

EMERGENCY CONTACT:

Parents/Guardian Name: _____

Home Phone: _____ Cell Phone: _____

Relationship to Child: _____

MEDICAL INFORMATION:

ALLERGIES:

Does your child carry an epi-pen for allergies? Yes

Does your child carry prescription medication? Yes

If yes, please list medications: _____

Are there any other medical conditions you wish to bring to our attention: Yes No

MEDICAL CONTACT INFORMATION:

Doctor's Name: _____

Phone Number: _____

Preferred Hospital: _____

I hereby authorize my child to be taken to the hospital specified above to receive medical treatment. I will not hold the Borough of West Reading or any of its employees and/or volunteers liable for injuries incurred while participating in the Borough of West Reading Summer Playground Program.

Parent or Legal Guardian Signature

Parent or Legal Guardian: *Please Print*