

**LYNN PARKS & RECREATION**

250 COMMERCIAL STREET

LYNN, MA 01905

781-477-7123

Please Print Clearly:

Name of Playground\_\_\_\_\_

Name of Child\_\_\_\_\_ Sex\_\_\_\_\_

Age\_\_\_\_\_ Date of Birth\_\_\_\_\_

Telephone #\_\_\_\_\_

Address\_\_\_\_\_ Zip Code\_\_\_\_\_

School\_\_\_\_\_ Grade\_\_\_\_\_

In Case of Emergency, Please List Two People Who We Should Contact:

1. Name\_\_\_\_\_

2. Name:\_\_\_\_\_

Relationship\_\_\_\_\_

Relationship\_\_\_\_\_

Address\_\_\_\_\_

Address\_\_\_\_\_

Phone 1\_\_\_\_\_

Phone 1\_\_\_\_\_

Phone 2\_\_\_\_\_

Phone 2\_\_\_\_\_

E-mail Address\_\_\_\_\_

E-mail Address\_\_\_\_\_

DOES YOUR CHILD HAVE ANY:

Limitations

Illnesses

Allergies

If YES, please list & explain:\_\_\_\_\_

WE, OF THE LYNN PARKS & RECREATIONG PROGRAM, WILL TAKE ALL PRECAUTIONS AGAINST ANY CAULTIES OCCURING WHILE THE CHILDREN ARE INVOLVED IN OUR ACTIVITIES. HOWEVER, WE ARE NOT FINANCIALLY OR LEGALLY RESPONSIBLE FOR ACCIDENTS THAT MAY HAPPEN WHILE THE CHILDREN ARE IN OUR PRESENCE. BEFORE YOUR CHILD MAY BE ENROLLED IN OUR SUMMER PROGRAM, YOU MUST UNDERSTAND OUR POSITION AND ACCEPT IT BY SIGNING BELOW.

Parent's Signature:\_\_\_\_\_

Date:\_\_\_\_\_