City of Zephyrhills
Summer Recreation Program Registration Form

Student Name: _____
(Last Name) (First Name)

Date of Birth: _____ Age: _____Grade Completed: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Mother: _____ Father: _____

Employed By: _____ Employed By: _____

Work Phone: _____ Work Phone: _____

Emergency Contacts In Case Parents Cannot Be Reached Who Will Be Responsible To Care For Your Child

Name: _____ Phone: _____

Name: _____ Phone: _____

List any chronic health problems:_____

In case of injury or illness and should parents not be able to be contacted, do we (City of Zephyrhills Summer Rec Staff) have permission to make whatever arrangements are necessary to provide care and/or treatment for you child.
Yes_____ No_____

If no, please list any specific instructions for care for the child: _____

_____

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My child has permission to participate in all activities of Zephyrhills Summer Recreation program except: _____. I understand my child will be transported by bus to all activities located away from the school site and I give permission for my child to do so.

_____ _____
Parent Signature Date