Benner Township Summer Park and Recreation 2026

REGISTRATION FORM

Please return this form with registration fee to:
Benner Township Municipal Building, 1224 Buffalo Run Road, Bellefonte, PA 16823

Personal Information

Participant's Name (First, Last): _____

Date of Birth: _____ Age (as of June 1, 2026):_____ Grade Level (25-26): _____

(this program is designed for children who have completed Kindergarten already)

Parent/Guardian Name(s):_____

Street Address:_____

City, State, and Zip code:_____

Email:_____ Home Phone:_____

Cell Phone/ important numbers: Work Phones with Names:

_____ _____

_____ _____

Medical Information:

Participant's Physician's Name:_____

Physician's Street Address:_____

Physician's Phone Number:_____

Medical Insurance Provider:_____

Insurance Policy Number:_____

List ALL allergies (food, environmental, etc.):_____

_____

List ANY other conditions (medical, situational, etc.):_____

_____

Emergency Information

Emergency Contacts (other than parent/guardians): Name, Phone Number, and Relationship

_____

_____

_____

Participant Pick-Up List

List any individuals that you permit to pick-up or transport your child from camp other than persons listed on the Parent/Guardian line above:

Name:_____ Name:_____

Name:_____ Name:_____

Registration:

Please make check payable to: Benner Township

_____ $60 per Benner Township resident (proof of resident required upon request)

_____$160 per non-Benner Township resident What township do you reside in:_____

Planned Absence

To assist in planning our camp, please indicate below any dates that your family has preplanned vacation and will not be attending:

_____

_____

_____

_____

Emergency Medical Consent

Participant's Name(s) (First, Last): _____

Please Check ONE of the following option and sign below:

_____I, the parent/guardian of the above-named participant(s), give my permission for the emergency medical treatment to be provided and given to my son/daughter by the specified physician as listed on the previous information page or transport to and treated at a hospital as needed and coordinated by the Benner Township Park and Rec Staff. I give permission for the Benner Township Park and Rec staff to administer basic first aide treatment if medical condition is not life threating or does not require further professional medical attention. I acknowledge that I and/or the specified emergency individuals will be contacted by phone at the specified emergency numbers provided as soon as any medical emergencies arise.

_____ I, the parent/guardian of the above-named participant(s), do not give my permission for emergency medical treatment to be provided or given to my son/daughter by specified physician or transported to and treated at a hospital. I only wish for basic first aide to be administered by the Benner Township Park and Rec Staff in the case of a medical emergency. I acknowledge that I and/or the specified emergency individuals will be contacted by phone at the specified emergency numbers provided as soon as any emergency arise for further parental/guardian instruction. I understand that the specified physician and/or hospital will not be contacted nor the participant be transported from the place illness or injury to any other location until I or the emergency individual(s) give consent in person

Parent/Guardian Name Printed:_____ Date:_____

Parent/Guardian Signature:_____ Date:_____

*** Please Note: If you child requires an inhaler or epi-pen it must be brought to camp daily and in its original container with the original pharmacy label. Failure to have these needed medications at drop off will result in denial of admittance to camp until medication(s)/ and instructions are received.

Release Form

I/We, _____ am/are the parent(s) or legal guardian(s) of

_____(child). My child has mu/our permission to participate in the Benner Township Park and Recreation Summer Program. I/WE acknowledge that my/our child's participation in this event is completely voluntary. Further, I/we agree to fully remise, release, quitclaim, and forever discharge Benner Township, its employees, agents, and volunteers from any and all claims, counterclaims, rights, demands, cost, damages, losses, liabilities, action and causes of action of every nature and description that might arise to me/us, or the child named herein, whether known or unknown, suspected or unsuspected, foreseen or unforeseen, real or imaginary, actual or potential and whether existing at law or in equity, under the common law, state law, federal law, or any other law, and which are in the way related to or arise our of the my/our child's participation in the Benner Township Park and Recreation Summer Program.

IN WITNESSS WHEREOF, intending to be legally bound, I/We hereby execute in the release on this _____ day of _____2026.

Parent/Legal Guardian(s)

Name:_____ Signature: _____

Name: _____ Signature:_____