Benner Township Summer Park & Recreation 2026
REGISTRATION FORM
"EMERGENCY MEDICAL CONSENT"

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

_____

Please check **ONE** of the following options 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 transported to and treated at a hospital as needed and coordinated by the Benner Township Park & Rec staff. I give permission for the Benner Township Park & Rec staff to administer basic first aid treatment if the medical condition is not life threatening 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 the specified physician or transported to and treated at a hospital. I only wish for basic first aid to be administered by the Benner Township Summer Park & Rec staff in the case of medical emergency. I acknowledge that I and/or the specified emergency individual(s) will be contacted by phone at the specified emergency numbers provided as soon as any medical emergency arises 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 of illness 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 your 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

I/We, _____ am/are the parent(s) or legal guardian(s) of _____ ("Child"). My Child has my/our permission to participate in the 2026 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, costs, damages, losses, liabilities, actions and causes of action of every nature and description that might arise to me/us, of 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 any way related to or arise out of the my/our Child's participation in the 2026 Benner Township Park and Recreation Summer Program.

IN WITNESS WHEREOF, intending to be legally bound, I/we hereby execute this release on this _____ day of _____ , 2026

Parent/Legal Guardian

Name: _____

Signature: _____

Parent/Legal Guardian

Name: _____

Signature: _____