

**LEBANON BOROUGH**



# **SUMMER 2025**

**WHEN: JULY 7th -AUGUST 1st**

**TIME: MONDAY – FRIDAY**

**9:00 AM – 12:00 PM**

**WHERE: Boro Hall 6 High Street**

The Lebanon Borough Park Camp summer program is open to children entering their second year of Pre-school through those entering 6<sup>th</sup> grade by September 2025. All 3.5 year olds must be potty trained.

This year Park Camp will be led by Lebanon Borough School teacher Mrs. Farrell. She has developed a program that will entertain and educate each camper, all while enjoying summer fun!

Please pick up your registration forms at Boro Hall on 6 High Street. Kindly return the completed form to Boro Hall before June 3rd.



**Summer 2025**  
**Lebanon Borough**  
**Park Camp Registration Form**

Child's Name	Age	Grade in Sept. 2025	In Town	Out of Town
1. _____			\$350.00	\$375.00
2. _____			\$350.00	\$375.00
3. _____			\$350.00	\$375.00
4. _____			\$350.00	\$375.00

CIT \_\_\_\_\_ \$100.00

Total Enclosed \_\_\_\_\_

For our staff to assure your child a happy, meaningful experience at our program please share any special needs your child may have. (I.e. learning disabilities, limitations, etc.)

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EMAIL ADDRESS: \_\_\_\_\_

Permission to walk home:

I give my child permission to walk home alone:    Yes: \_\_\_\_\_    No: \_\_\_\_\_

If yes, please fill out permission slip attached.

## Permission to participate

I give my permission for my child to participate in all program activities. He / She is in good health and may participate in normal program activities unless I specify otherwise.

### Emergency Medical Authorization & Release / Indemnification

In the event a medical emergency should arise while my child is attending the Lebanon Borough Recreation Program, and I and / or my spouse cannot be contacted, or there is not time to do so, I have the right and do hereby authorize and delegate to the Lebanon Borough Recreation Program Director, and grant her / him Power of Attorney to sign on my behalf for my child all necessary or required medication authorizations, releases, or other medical documents, and I do hereby release and indemnify the Lebanon Borough recreation Program, The Borough of Lebanon and the Lebanon Borough Public School, as well as its employees, principals, agents or assigns from any and all claims, or damages relating to such actions undertaken on my child's behalf.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

### Please be aware of the following medical concerns regarding my child / children:

Child #1 First and Last Name:

\_\_\_\_\_

Allergies or Medical Concerns: \_\_\_\_\_

\_\_\_\_\_

Child #2 First and Last Name:

\_\_\_\_\_

Allergies or Medical Concerns: \_\_\_\_\_

\_\_\_\_\_

Child #3 First and Last Name:

\_\_\_\_\_

Allergies or Medical Concerns: \_\_\_\_\_

\_\_\_\_\_

Child #4 First and Last Name:

\_\_\_\_\_

Allergies or Medical Concerns: \_\_\_\_\_

\_\_\_\_\_

# EMERGENCY CONTACTS AND PICK UP AUTHORIZATION

Child's Name \_\_\_\_\_

Please list all person authorized to pick up your child. Parents or guardians must be included on this list. No child will be released without the person picking the child up being on this list. NO exceptions will be made to this policy. This done for the safety of your child. Please make sure that the individuals on this list are aware that they may be called in an emergency to pick up your child. You are welcome to add or delete from this list at any time. Please indicate if the non-custodial parent has limits on visitation or pick up. If a non -custodial parent has been denied visitation or has limited visitation by court order, a copy of the order must be given to the program director and kept on file.

Child: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Emergency contact #1:

\_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Emergency contact #2:

\_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**Please make sure at least one of the emergency contacts is available at all times while your child is at Park School. In the event of an emergency, parents will be contacted. If not available, the other individuals on the emergency contact / Pick up list will be contacted.**

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Photography Release for Minor Child or Children

I hereby authorize the Borough of Lebanon hereafter referred to as "Company," to publish photographs taken of myself and/or the minor child or children listed below, and our names and likenesses, for use in the Borough of Lebanon print, online and video-based marketing materials, as well as other Company publications.

I hereby release and hold harmless the Borough of Lebanon from any reasonable expectation of privacy or confidentiality for myself and for the minor child and children listed below associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize Borough of Lebanon to use their likenesses and names.

I further acknowledge that participation is voluntary and that neither I, the minor child, or minor children will receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other Company publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release the Borough of Lebanon its contractors, its employees and any third parties involved in the creation or publication of Company publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed below.

### Authorization:

Printed Name: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to Children: \_\_\_\_\_

### Names and Ages of Minor Children:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_