

2020 Plymouth Township Parks & Recreation Registration Form

GPCC Cyber

Child's Name: _____

Birth Date: _____ Age: _____ School: _____ Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian #1 Name: _____ **Relation:** _____

Cell #: _____ Home #: _____ Work #: _____

Address: Same as above Other Email Address: _____

Parent/Guardian #2 Name: _____ **Relation:** _____

Cell #: _____ Home/Work #: _____

Address: Same as above Other Email Address: _____

Additional Adult #3 Name: _____ **Relation:** _____

Cell #: _____ Home /Work #: _____

Additional Authorized Pick Up Persons:

1) _____ 2) _____ 3) _____

MEDICAL INFORMATION

Does the participant have any medical conditions: Yes No If "yes," please indicate the type of condition (s):

Diabetes Asthma Allergies Other _____

List any medical conditions for which the participant requires medical treatment and explain what type of treatment is necessary:

Is participant on any medication(s)? Yes No If "yes," please list the medication(s), dosage and frequency:

Please state any other conditions or special needs the staff should be aware of: _____