

PARKS & RECREATION

1000 Cole Street, Suite B

Pleasant Valley, WV 26554

304 363 7037

Playground and Day Camp Registration

Childs Name:	Nicknar	ne:	
Address:	City:	State:	Zip:
Sex (M/F):	Birth Date:		Age:
Guardian Name(s):			
Home Phone:	Work Phone:	Cell Phone:	
Medical Issues/Allergies/O			
Emergency Contacts (Name	, Number, and Relationship t	o Child):	
I am willing to assist with th	ne following, if needed (check	all that apply):	
provide special trea	ts or refreshments (popsicles, cook	ies, HUGs juice, etc.)	
Chaperone Field Trip	os		
Other			
any summer camp and I wil	im attesting that I understand I in no way hold Marion Coun ncidents that may occur as a i	ity Parks and Recreat	ion Commission
Guardian Signature:		Date:	