

TRAC SUMMER RECREATION PROGRAM
ENROLLMENT CARD

Please enroll the following named child in the Supervised Summer Recreation Program to be conducted by the Trumbauersville Recreation Advisory Council and the Borough of Trumbauersville.

NAME AGE ENTERING GRADE

This is to certify that the child named above has my permission to participate in the TRAC Supervised Summer Recreation Program. I hereby release the Trumbauersville Recreation Advisory Council, Officials and Employees of the Borough of Trumbauersville, Sponsors of the Program, and any Owner of Property where activities will be conducted, from any and all responsibility or liability for claims or damages which I or my child may have by reason of injury he or she may sustain through participation in the program, or in going to or from any location where program activities are being conducted.

PRINT NAME OF PARENT OR GUARDIAN

MAILING ADDRESS

HOME PHONE NUMBER EMERGENCY PHONE NUMBER

DATE SIGNATURE: PARENT/GUARDIAN

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CONSENT TO MEDICAL TREATMENT FOR MINORS

PLEASE PRINT IN INK OR TYPE

Child's Name _____ Age _____ Birth Date _____
Last First Middle

Child's Nickname _____ Approximate Weight _____

Parents or Legal Guardians _____
(circle one)

Address - Street _____
City _____ State _____ Zip _____

Mother's Name _____ Home Phone _____ Work Phone _____

Father's Name _____ Home Phone _____ Work Phone _____

Allergies _____

Current Medications _____

Special Medical History _____

Family Physician _____ Phone _____

Choice of Specialists (if necessary) _____

I authorize either of the following two adults to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the above named child under the general or special supervision and on the advice of the Emergency Physician in attendance at Quakertown Community Hospital, when the need for such treatment is immediate, and when efforts to contact me (us) are unsuccessful.

Name _____ Name _____

Address _____ Address _____

City _____ State _____ City _____ State _____

Zip _____ Phone _____ Zip _____ Phone _____

Relationship to child _____ Relationship to child _____

Date _____ Witness _____ Signature _____

Parent(s)/Guardian(s)

This consent form expires one year from date of signature.
This form must be brought to the Emergency Department when
treatment is necessary.



REQUEST FOR VOLUNTEER
DRIVERS

Dear Parents,

We will be going on Field trips to a number of different places. These trips depend on drivers and will be cancelled if we do not have enough drivers. If you are able to drive for any of our trips this summer, please fill out the following information :

NAME _____

ADDRESS _____

PHONE # _____

SSN # _____

LICENSE # _____

INSURANCE CO. _____

POLICY # _____

YEAR & MAKE of CAR _____

of SEAT BELTS _____
(including your child/children)

WE NEED TO KNOW WHO IS DRIVING THREE DAYS
PRIOR TO THE TRIP !