



2020 REGISTRATION

Please complete the form below.
Checks should be made out to
Governor Mifflin School District and sent to:
Mifflin Summer Zone
10 S. Waverly Street, Shillington, PA 19607

STUDENT INFORMATION

Student name: _____ Grade (as of fall 2020): _____

T-shirt size: Youth S Youth M Youth L Adult S Adult M Adult L Adult XL

Mailing address: _____

Parent email address: _____

ZONE SELECTION

Please fill out the information for the Zone(s) your child wishes to attend.

Zone Name: _____ Zone Cost: _____

Preferred session (if multiple sessions are offered): Session 1 Session 2

Zone Name: _____ Zone Cost: _____

Preferred session (if multiple sessions are offered): Session 1 Session 2

Zone Name: _____ Zone Cost: _____

Preferred session (if multiple sessions are offered): Session 1 Session 2

Zone Name: _____ Zone Cost: _____

Preferred session (if multiple sessions are offered): Session 1 Session 2

Zone Name: _____ Zone Cost: _____

Preferred session (if multiple sessions are offered): Session 1 Session 2

Total payment amount enclosed: _____

EMERGENCY CONTACT INFORMATION

Parent/guardian name: _____ Parent/guardian name: _____

Primary phone: _____ Primary phone: _____

Secondary phone: _____ Secondary phone: _____

Alternative contact name: _____ Alternative contact name: _____

Primary phone: _____ Primary phone: _____

Secondary phone: _____ Secondary phone: _____

EMERGENCY CONTACT INFORMATION

Hospital/clinic preference: _____

Physician's name: _____ Physician's phone: _____

Insurance company: _____ Policy number: _____

Allergies or special health considerations: _____

I acknowledge that the medical information provided above is correct to my knowledge.

Parent/guardian signature: _____ Date: _____

LIABILITY STATEMENTS & AUTHORIZATIONS

Emergency Medical Authorization: I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that no parent/guardian/emergency contact can be reached in the case of an emergency.

Release of liability, promise not to sue, assumption of risk: My child has permission to attend The Mifflin Summer Zone. I have no knowledge of a physical impairments that would affect my child's participation in The Mifflin Summer Zone. I am voluntarily participating in The Mifflin Summer Zone. I agree to hold The Mifflin Summer Zone, the Governor Mifflin School District, and its staff harmless from any and all claims, including but not limited to attorney's fees or damage to my personal property that may occur as a result of participation in The Mifflin Summer Zone, including travel to, from, and during the activity. In the event of any medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment.

Parent notification: This is to notify you that The Mifflin Summer Zone summer program that you are enrolling your child in is not affiliated in any way with your child's school year programming. If your child keeps medications at the nurse's office, these medications are not transferred to The Mifflin Summer Zone program. Your child's medical information is not shared with The Mifflin Summer Zone. Please complete The Mifflin Summer Zone emergency information below to let The Mifflin Summer Zone staff know about any relevant medical conditions. You will need to provide any necessary medications each day of the program. No medications will be stored by The Mifflin Summer Zone. Any prescription or over-the-counter medication should be sent in the original container in which it was purchased with the child's name, dosage to be given, and time to be given written on it. No prescription medication will be administered without a written order from a doctor. An adult must provide the medication to site supervisor upon the student's arrival each day.

I acknowledge that I agree to the terms of the above "Emergency Medical Authorization," "Promise not to sue, assumption of risk," and "Parent Notification":

Parent/guardian signature: _____ Date: _____