

**Village of Albion
Recreation Department
Registration Sheet**

Child's Full Name: _____
Last First Middle

Complete Address: _____

Birth Date: _____ Male: _____ Female: _____

Parents Full Name and Address:

Father's Name: _____

Address: _____

Contact Numbers: Cell: _____

Work: _____

Mother's Name: _____

Address: _____

Contact Numbers: Cell: _____

Work: _____

Child's Doctor: _____ Phone Number _____
_____ Phone Number _____

Please list any major/medical problems your child may have: _____

List of food allergies: _____

**You MUST provide proof of immunization for your child or
your child will not be able to attend the Summer Program**

My child will: Come to the park on his/her own _____
Be transported by a parent/guardian _____

Note: Waiver of liability. The Village of Albion is not liable for any accidents, injuries, or mishaps, which may occur while your child is in attendance while on their facility and during the summer program.

Sign and date:

Parent/Guardian: _____ Date: _____