LEBANON BOROUGH

PARK CAMP

SUMMER 2025

WHEN: JULY 7th -AUGUST 1st

TIME: MONDAY – FRIDAY

9:00 AM - 12:00 PM

WHERE: LEBANON BOROUGH

SCHOOL PARK PICNIC TABLES

The Lebanon Borough Park Camp summer program is open to children entering their second year of Pre-school through those entering 6th grade by September 2025. All 3.5 year olds must be potty trained.

This year Park Camp will be led by Lebanon Borough School teacher Mrs. Farrell. She has developed a program that will entertain and educate each camper, all while enjoying summer fun!

Please pick up your registration forms at Boro Hall on 6 High Street. Kindly return the completed form to Boro Hall before June 3rd.

Park Camp

Summer 2025 Lebanon Borough Park Camp Registration Form

Child's Name	Age	Grade in Sept. 2025	In Town	Out of Town	
1			\$350.00	\$375.00	
2			\$350.00	\$375.00	
3			\$350.00	\$375.00	
4			\$350.00	\$375.00	
CIT	·		_ \$100.00		
			Total Enclosed		
special needs your child	d may have. (I.e. lead	meaningful experience at ou	s, etc.)		
EMAIL ADDRESS:					
Permission to walk hon	ne:				
I give my child permissi	on to walk home ald	one: Yes: No:			
If yes, please fill out per	rmission slip attache	ed.			

Permission to participate

I give my permission for my child to participate in all program activities. He / She is in good health and may participate in normal program activities unless I specify otherwise.

Emergency Medical Authorization & Release / Indemnification

In the event a medical emergency should arise while my child is attending the Lebanon Borough Recreation Program, and I and / or my spouse cannot be contacted, or there is not time to do so, I have the right and do hereby authorize and delegate to the Lebanon Borough Recreation Program Director, and grant her / him Power of Attorney to sign on my behalf for my child all necessary or required medication authorizations, releases, or other medical documents, and I do hereby release and indemnify the Lebanon Borough recreation Program, The Borough of Lebanon and the Lebanon Borough Public School, as well as its employees, principals, agents or assigns from any and all claims, or damages relating to such actions undertaken on my child's behalf.

Parent / Guardian Signature:	Date:
Name of Family Physician:	Phone:
Name of Family Dentist:	Phone:
Please be aware of the following medical	l concerns regarding my child / children:
Child #1 First and Last Name:	
Allergies or Medical Concerns:	
Child #2 First and Last Name:	
Child #3 First and Last Name:	
Child #4 First and Last Name:	
Allergies or Medical Concerns:	

EMERGENCY CONTACTS AND PICK UP AUTHORIZATION

Child's Name		
No child will be released with made to this policy. This do list are aware that they may delete from this list at any tipick up. If a non-custodial p	thout the person picking the child ne for the safety of your child. P be called in an emergency to pic ime. Please indicate if the non-cu	ts or guardians must be included on this list. If up being on this list. NO exceptions will be lease make sure that the individuals on this to the lease make sure that the individuals on this to the lease make sure that the individuals on this to the lease make sure that the individuals on this lease make sure that the lease make to add or ustodial parent has limits on visitation or or has limited visitation by court order, a kept on file.
Child:	·	
Parent Name:		
Address:		
Home Phone:	Cell Phone:	Work Phone:
Relationship to Child:	-	· · · · · · · · · · · · · · · · · · ·
Emergency contact #1:		
Address:	·	the second secon
Home Phone:	Cell Phone:	Work Phone:
Relationship to Child:	· · · · · · · · · · · · · · · · · · ·	
Emergency contact #2:		
Address:		
Home Phone:	Cell Phone:	Work Phone:
Relationship to Child:		
Park School. In the event of	- ·	available at all times while your child is at contacted. If not available, the other ontacted.
Parent / Guardian Signature	:	Date:

Photography Release for Minor Child or Children

I hereby authorize the Borough of Lebanon hereafter referred to as "Company," to publish photographs taken of myself and/or the minor child or children listed below, and our names and likenesses, for use in the Borough of Lebanon print, online and video-based marketing materials, as well as other Company publications.

I hereby release and hold harmless the Borough of Lebanon from any reasonable expectation of privacy or confidentiality for myself and for the minor child and children listed below associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize Borough of Lebanon to use their likenesses and names.

I further acknowledge that participation is voluntary and that neither I, the minor child, or minor children will receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other Company publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release the Borough of Lebanon its contractors, its employees and any third parties involved in the creation or publication of Company publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed below.

Authorization:

Authorization.			
Printed Name:			
Signature:		Date:	
Street Address:			
City:	_State:	Zip:	
Relationship to Children:			
Names and Ages of Minor Children:			
Name:		Age:	