

WINTER 2012 SMALL WONDERS  
REGISTRATION FORM

Please mail payment with the completed registration and health forms. Make checks payable to York County Parks. **Mail to Nixon County Park Nature Center, 5922 Nixon Drive, York, PA 17403.** Your registration is not official until full payment has been received.

For specific questions, please contact Amber Carothers, York County Park Naturalist at (717) 428-1961. ***The age limit is strictly enforced, no exceptions. Please, one child per form!***

Name \_\_\_\_\_ Age \_\_\_\_\_ (as of class date)

Birth Date and Location: \_\_\_\_\_

Name to be placed on Name Badge (if different from above) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

I would like to enter my child for the following session(s):

\_\_\_\_\_ Small Wonders                      February 1, 8, 15, 22, 29                      1:00– 2:30 p.m.                      \$ 35.00

Total Enclosed                      \$ \_\_\_\_\_

# HEALTH INFORMATION

(PLEASE COMPLETE AND RETURN WITH REGISTRATION)

STUDENT ' S NAME \_\_\_\_\_ ADULT'S NAME: \_\_\_\_\_

AGE (as of class date)\_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Class Enrolled In: \_\_\_\_\_Small Wonders

EMERGENCY CONTACT NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

DAYTIME TELEPHONE NUMBER: \_\_\_\_\_

PHYSICIAN ' S NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

ANY SPECIAL NEEDS OR ACCOMMATIONS, I.E. DYSLEXIA: \_\_\_\_\_

ANY MEDICAL CONDITIONS AND MEDICATIONS WE NEED TO KNOW ABOUT?

\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

IS THE STUDENT ALLERGIC TO ANY ITEMS, FOODS OR MEDICINE? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF SO, PLEASE

EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

RELEASE WAIVER: As the parent or guardian of the enrolled student, I grant my permission to the York County Department of Parks and Recreation, for the child to participate in all of the scheduled activities for the session(s). For special exceptions, I have made arrangements through the Parks Department to accommodate the student. I also give my permission to the Parks staff to administer emergency First Aid to the enrolled student as needed. The Parks staff will immediately telephone the emergency contact person following a serious incident.

\_\_\_\_\_  
PARENT OR GUARDIAN

\_\_\_\_\_  
DATE