

2010 Riverside Park Summer Recreation Program Registration/Contact Information

Student's Name: _____ Age: _____

Parent's Name: _____

Address:

Phone: _____ Cell Phone: _____

Work Phone : _____

Email: _____

Note any Allergies or Medical Conditions: _____

Emergency Contact (other than Parent)

Name: _____

Relationship: _____

Phone: _____ Cell Phone: _____