



Peabody Recreation Department

50 FARM AVENUE, PEABODY, MA 01960

(978) 536-7130

www.peabodyrecreation.com

peabodyrecreation@gmail.com

Special Needs Playground Program (S.N.A.P) Registration Application

Child's Name: _____ Age: _____ Birth date: ____/____/____

Address: _____ City: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Insurance Co.: _____ Policy #: _____

Doctor's Name: _____ Phone #: _____

Parent (s) / Guardian Information

Mother's Name: _____ Father's Name: _____

Employer: _____ Employer: _____

Cell Phone #: _____ Cell Phone #: _____

Work Phone #: _____ Work Phone #: _____

Email Address: _____ Email Address: _____

TWO Emergency Numbers OTHER THAN a parent or guardian that we can notify in the event that neither parent or guardian can be reached.

Name: _____ Relationship: _____

Address: _____ Day/Cell Phone: _____

Name: _____ Relationship: _____

Address: _____ Day/Cell Phone: _____

Please list any medications that your child is on, including dosage information. Please note that we are not permitted to administer any kind of medication during the program. Please plan accordingly.

If your child has any physical limitations or medical issues of which the staff should be aware of (Allergies, asthma, ADD, ADHD, cardiac, etc.); please list them below. Be as specific as possible so we can work with your child and their needs (*Please use back side of application to give additional information*).

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Has your child participated in the Peabody Recreation Department SNAP program in the past? Yes ___ No ___

Last school attended: _____ Teacher's name: _____

Does your child have an IEP in place? Yes ___ No ___ Can we have a copy? Yes ___ No ___

Please tell us the reason that you think your child qualifies for the program.

What child t-shirt would you like for child? Youth S __, Youth M __, Youth L __, Adult M __, Adult L __, Adult XL __

WAIVER

I give permission for my child to take part in all activities and field trips related to the Peabody Recreation, Parks & Forestry Department. I, the undersigned parent/guardian of this applicant, a minor, do hereby authorize the program directors and/or instructors as Agents for the undersigned to consent to Medical, Surgical, or Dental Examination, treatments, etc. In addition, I hereby release the City of Peabody, its facilities or employees from any and all claims for personal injuries, which may result from the usual involvement of these activities. I agree that photographs taken during the program hours may be used for future promotional purposes.

Parent/Guardian Name (Please print)

Parent/ Guardian Signature

Date