



COME PLAY WITH US!

Dear Parents:

Philly Play Summer Challenge is a **free** six-week program for children 6 to 13 years old to build confidence and skills to be physically active while having fun at their local recreation centers.

When: Monday through Friday, from July 7th through August 15th

What: Your child will get one-hour of physical activity every day, Monday through Friday at your local participating recreation center (listed on the back) with these activities:

- Dance for everyone (boys, girls, any ability)
- Jump rope & fitness lessons
- Basketball skills – dribble, pass, shoot
- Baseball skills – pitch, hit, run
- Football skills – punt, pass, kick

The Summer Challenge **ends in a citywide event on August 13th** when kids will celebrate their new skills! Stay tuned for more details!

To Sign-up:

- 1) *Fill out the attached enrollment form – required for participation*
- 2) *Fill out and sign the media release form*
- 3) *Please return these forms with rec center staff*

For more information:

Please contact Simran James, Philly Play Coordinator, at 267.588.7286 or info@phillyplay.org.

Text PLAY to 215.764.5063 to get Philly Play updates by text message



PHILADELPHIA
PARKS & RECREATION



Philly Play is a collaboration with its creator, Councilman Bobby Henon (6th District), Philadelphia City Council, Philadelphia Department of Parks and Recreation and Health Promotion Council (HPC), who is leading the programmatic design, implementation and coordination. HPC is an affiliate of Public Health Management Corporation.

Participating Philly Play Recreation Center

District	Rec Center	Address	Free Philly Play Time
1	RIZZO RINK	1101 S. Front	3:30pm-4:30pm
2	VARE	2600 Morris St.	11:00am-12:00pm
3	CHRISTY	728 S. 55th St	11:00am-12:00pm
4	TUSTIN	5901-29 W. Columbia Ave	12:30pm-1:30pm
5	PENROSE	1101 W. Susquehanna Ave.	3:00pm-4:00pm
6	VOGT	6700 Cottage St	3:00pm-4:00pm
7	PICCOLI	4300 Castor Ave	3:00pm-4:00pm
8	HAPPY HOLLOW	4800 Wayne Ave	3:00pm-4:00pm
9	EMANUEL	8500 Pickering Ave	3:30pm-4:30pm
10	PELBANO	8101 Bustleton Ave.	3:00pm-4:00pm



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PHILADELPHIA DEPARTMENT OF RECREATION
PARTICIPATION REGISTRATION/WAIVER



Facility: _____

District: _____

Program: _____

Season/Year: _____

Participant's First & Last Name: _____

Age: _____

DOB: _____

Residential Address: _____

City: _____

Zip: _____

Sex: Male Female

Race: _____

School: _____

Grade: _____

Participant's Home Phone: _____

Participant's Cell Phone: _____

Parent/Guardian Information

First & Last Name: _____

Relationship: _____ Email Address: _____

Address (if different): _____

Home Phone: _____ Cell Phone: _____

First & Last Name: _____

Relationship: _____ Email Address: _____

Address (if different): _____

Home Phone: _____ Cell Phone: _____

Emergency Information

Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Medical Information

Any Medical conditions we should be aware of?

Allergies? Asthma? (please list)

This individual is free of infectious disease, is up to date on all immunizations, and is able to participate in recreation activities (w/limitations/restrictions listed)

YES

NO

Medical Information

Physician's Name: _____

Phone: _____

Medical Coverage: _____

Preferred Hospital: _____

Limitations/Restrictions(activity or diet)

Is participant taking medication we should be aware of: (circle)

YES

NO

Medication: _____

Dosage _____

Time _____

Medication: _____

Dosage _____

Time _____

Emergency Clause

In the event I cannot be reached in an emergency, I here by give my permission to employees of the **Philadelphia Recreation Department** to secure proper medical care for my child as deemed necessary. This permission extends from minor first-aid treatment to (under a doctor's orders) hospitalization injections, anesthesia, and other medical procedures deemed necessary.

Signature of Responsible party

Relationship: _____

Date: _____

OVER---

How did you hear about our program? Friend Newspaper Internet Other

Have you ever registered in any of our programs before? (If so, what programs, check all that apply)

Athletic Cultural After School Summer Camp Other

MEDIA RELEASE

I HEREBY GRANT PERMISSION TO RECORD MY CHILD'S/WARD'S LIKENESS AND/OR VOICE FOR USE BY TELEVISION, FILMS, RADIO OR PRINTED MEDIA TO FURTHER THE AIMS OF **THE PHILADELPHIA RECREATION DEPARTMENT** IN RELATED CAMPAIGNS AND MAGAZINE ARTICLES, BOOKLETS, POSTERS AND IN ANY OTHER WAYS THEY MAY SEE FIT.

Signature of Responsible Party	Relationship	Date
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PARTICIPANT'S SHIRT SIZE (check one box)

Child's Small	Child's Medium	Child's Large	Adult Small	Adult Medium	Adult Large	Adult X-Large	Other
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FOR ALL CHILDREN'S PROGRAMS, PLEASE ALSO ANSWER

My Child will attend the program: Sun M T W Th F Sat

The time my child will be picked up: _____ My child may walk home or be dismissed at: _____

THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP MY CHILD AT THE SITE:

(PHOTO ID WILL BE REQUIRED)

Name	Relationship	Phone #:
Name	Relationship	Phone #:
Name	Relationship	Phone #:

BEHAVIORAL PROBLEMS

Identify any behavior problems and how to deal with them

TRIPS

Permission Consent Form/Waiver: My child has permission to participate in the above activity and to be escorted, under proper adult supervision, away from _____ (facility) to participate in activities associated with the event of which I have registered. I do not hold _____ (facility) and program staff responsible for any accident or illness that might occur while my child is involved in scheduled activities. I request that the adult in charge seek or administer proper medical attention if necessary. Participants should have a recent medical examination certifying that his/her physical activity need not be limited. Participants assume any and all risks associated with the activity including, but not limited to falls, contact with other participants, heat or humidity and condition of fields, all such risks being known and appreciated by me. I hereby release the City of Philadelphia, Department of Recreation, all sponsors, agents, volunteers and anyone acting on their behalf for any and all claims of liability.

Signature of Parent/Guardian	Date	Parent's E-mail Address
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THE PHILADELPHIA RECREATION DEPARTMENT ASSURES THAT ALL FACILITIES AND SERVICES ARE AVAILABLE FOR PUBLIC USE WITHOUT REGARD TO RACE, COLOR, RELIGION, ANCESTRY, SEX, AGE, PHYSICAL HANDICAP, NATIONAL ORIGIN, SEXUAL OR AFFECTIONAL PREFERENCE OR MARITAL STATUS. IF ANYONE BELIEVES HE OR SHE HAS BEEN SUBJECTED TO DISCRIMINATION ON THESE BASES, HE/SHE MAY FILE A COMPLAINT ALLEGING DISCRIMINATION WITH EITHER THE PHILADELPHIA RECREATION DEPARTMENT OR THE OFFICE FOR EQUAL OPPORTUNITY, U.S. DEPARTMENT OF INTERIOR, WASHINGTON, D.C. 20240.



Media Release Form

PLEASE PRINT NAMES BELOW		PLEASE SIGN NAMES BELOW
Childs Name	Parent Name	Parent Signature

I, _____ hereby consent and authorize the Health

(Named above)

Promotion Council (HPC) of Southeastern Pennsylvania, Inc. to use and reproduce my child's name, photograph(s), video(s) and/or comment(s) recorded by Health Promotion Council; Philadelphia Parks and Recreation Department; Philly Play staff and volunteers on July 7, 2014 - Aug 15, 2014

(photographer)

(date)

and circulate the same for any and all purposes, including public information.

I also consent and authorize HPC to share my name, photographs, videos and comments with Philadelphia Parks and Recreation Department; Philly Play and/or other funders to include in their print and online media and marketing efforts.



Philly Play
Summer Challenge

Event

July 7, 2014 - Aug 15, 2014 /
Philadelphia Parks and Recreation Centers

Date & Location of Event

Health Promotion Council; Philadelphia
Parks and Recreation Department; Philly
Play staff and volunteers

Photographer's Signature

(Date)