



## Peabody Recreation Department

50 FARM AVENUE, PEABODY, MA 01960

(978) 536-7130

[www.peabodyrecreation.com](http://www.peabodyrecreation.com)

peabodyrecreation@gmail.com

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### 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.

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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.

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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