

# ALLIANCE SUMMER RECREATION PROGRAM

**Includes swimming every day!**



**WHERE:** Central Elementary STREAM Academy  
829 W Turner St (Cafeteria Entrance Door 4)

**WHEN:** June 30 – July 31, 2025  
Monday through Thursday

**WHO:** City of Allentown Children  
Ages 7 – 13

**TIME:** 9:30 a.m. – 3:30 p.m.



**Free breakfast and lunch**

**Children will be bused to city pools. Bathing suits must be worn under clothing.**

**Daily Attendance is limited to 100. Priority given to first 100 registered.**

**For more information call Tina Amato at 610-437-7760, ext 7131.**

**\*Registrations must be completed and returned to The Allentown Health Bureau at Alliance Hall,  
245 N. 6<sup>th</sup> Street, Allentown, PA 18102**

**OR complete the fillable PDF below and email to [alliancesummerrec@allentownpa.gov](mailto:alliancesummerrec@allentownpa.gov)**

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## RELEASE & EMERGENCY INFORMATION

**Fill out all lines below. You MUST complete form for your child to attend.**

I give permission for my child to participate in the Alliance Summer Recreation Program and to participate in swimming and field trips. I, as parent/legal guardian, do hereby release any and all rights and claims for damages, injuries or losses against the sponsoring organizations, their employees, agents or associates arising from the services provided. I further understand that my child's participation in the program may contain some danger and risk of injury and appreciate and voluntarily assume such risk. I give consent for emergency medical treatment of my child in case of an emergency. I further understand that the sponsoring organizations, their employees, agents or associates are not responsible if my child leaves any site voluntarily. I also grant permission for my child to appear in person or in voice, video, or photographic presentation for radio, television, or print media reports and/or media campaign(s) resulting from participating in the Alliance Summer Recreation Program.

**Child's Name** (Please Print): \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ **School Attending:** \_\_\_\_\_ **Grade Completed:** \_\_\_\_\_

**Special Notes or Needs, Allergies, Medications, Physical Problems:** \_\_\_\_\_

**Parent/Guardian's Name** (Please Print): \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Work Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Work Number:** \_\_\_\_\_



## CITY OF ALLENTOWN

### Permission Release and Hold Harmless Agreement

Child's Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Telephone #(\_\_\_\_) \_\_\_\_\_ Alternate Telephone #(\_\_\_\_) \_\_\_\_\_

In consideration of the minor child named above being permitted to participate in the **Alliance Summer Recreation Program** (activity), **Central Elementary STREAM Academy** (location) on the following dates: **June 30 – July 31**, I hereby agree to release, waive, indemnify and hold harmless and blameless the actions, suits liability from damages, loss or injuries, either to person or property, which the said minor may sustain while engaged in activity conducted by or in connection with the activity listed above including but not limited to transportation to or from the location.

I further certify that I have legal custody by reason of the fact that I am the parent having custody or the legal guardian by court order. I further represent that the said minor is physically able to participate in the activity set forth herein and that I have notified the City in writing of any and all medications, allergies or other conditions of which the City, medical, or health care provider needs to be aware of in the event of an injury or illness to the minor child.

I further agree to reimburse or make good any loss of damage or costs, including attorney fees, that the City of Allentown may have to pay if any litigation arises on account of any claim made by said minor, or anyone in said minor's behalf, resulting directly or indirectly from said minor's participation in the City's activities.

I further agree that in case of injury or illness or other actions requiring parental permission, if I or the person listed below cannot be reached, the City of Allentown shall have authority to act for us.

\_\_\_\_\_  
Name of parent having custody or legal guardian

\_\_\_\_\_  
Signature of parent having custody or legal guardian

\_\_\_\_\_  
Date

In case of emergency and no one can be reached at the above address or phone number, please notify:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Phone

**Agency:** Alliance Hall of Allentown/Allentown Health Bureau

**Program Title:** Alliance Summer Recreation Program

**Brief Description of program activities:** Recreation for Allentown youth ages 7-13.

**Child's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**DOB** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**RACE AND ETHNICITY:** This information is required solely to assure non-discrimination in Federally funded programs.

Please check off boxes **in both columns**.

**Race** (Please select **one or more** statements which best describes your racial composition):

I am White.

I am Black or African American.

I am Asian.

I am American Indian or Alaska Native.

I am Native Hawaiian or Other Pacific Islander.

I am American Indian or Alaskan Native & White.

I am Asian & White.

I am Black or African American & White.

I am American Indian or Alaskan Native & Black or African American.

**Ethnicity:**

I am Hispanic/Latino

I am not Hispanic or Latino

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Is any adult in your household, other than the head of household and spouse, enrolled as a full-time student?  Yes  No

Is a female the head of your household?  Yes  No

Does anyone in your household have a disability?  Yes  No

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**PLEASE CONTINUE TO NEXT PAGE**

## HOUSEHOLD AND INCOME VERIFICATION

Please select the number of people in your household under the Household Size column and the appropriate income category from one of the (4) four columns **immediately to the right** of the Household Size number.

<u>Household Size</u>	<u>0-30% AMI</u>	<u>31-50% AMI</u>	<u>51-60% AMI</u>	<u>61-80% AMI</u>
___ 1 person	___ \$0 – \$21,050	___ \$21,051-35,100	___ \$35,101-\$42,120	___ \$42,121-\$56,150
___ 2 people	___ \$0 –\$24,050	___ \$24,051-40,100	___ \$41,101-\$48,120	___ \$48,121-\$64,150
___ 3 people	___ \$0 – \$27,050	___ \$27,051-\$45,100	___ \$45,100--\$54,120	___ \$54,121-\$72,150
___ 4 people	___ \$0 – \$30,050	___ \$30,051-\$50,100	___ \$50,101-\$60,120	___ \$60,121-\$80,150
___ 5 people	___ \$0 – \$32,500	___ \$32,501-\$54,150	___ \$54,151- 64,980	___ \$64,981-\$86,600
___ 6 people	___ \$0 –\$34,900	___ \$34,901 -\$58,150	___ \$58,151-\$69,780	___ \$69,781-\$93,000
___ 7 people	___ \$0 – \$37,300	___ \$37,301-\$ 62,150	___ \$62,150-\$74,580	___ \$74,581-\$99,400
___ 8 people	___ \$0 –\$39,700	___ \$39,701-\$66,150	___ \$66,151-\$79,380	___ \$79,380-\$105,800

2025-2026

I/we certify that all information on this certification is true and correct to the best of our knowledge and belief and understand that the information given is subject to verification by the funding local municipality and the U.S. Department of Housing and Urban Development. I am not aware of any potential changes in the income of any household member that may occur during the next six months that were not disclosed in this application. I understand that if I knowingly or willfully make any false statements in the certification or other supporting documentation, I will be required to reimburse the full amount of any assistance provided.

It is the policy of the City of Allentown not to discriminate on the basis of race, color, religion, age, sex, disability, sexual orientation, or national and ethnic origin in its educational programs, admissions policies, employment and general policies.

STATEMENTS "UNDER PENALTY" - A person commits a misdemeanor of the third degree, if he or she makes a written false statement which he does not believe to be true, on or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable by law.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

**Authorized Official:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

