



surveymonkey.com/r/blast-registration2025

Summer BLAST Program Registration

Please complete a registration form for each child who will be participating.

WHICH LOCATION ARE YOU REGISTERING FOR? (choose one)

☐ Frackville

☐ Pottsville

☐ Mahanoy City

☐ Tamaqua

PARTICIPANT INFORMATION

Name : _____ Age: _____
First Last

Last Grade Level Completed: _____ School District: _____

PARENT/GUARDIAN INFORMATION

Name : _____
First Last

Address: _____
Street Address City State Zipcode

Phone #: _____ Alternate Phone #: _____

Email Address: _____

ADDITIONAL PARENT/GUARDIAN INFORMATION

Name : _____
First Last

Address: _____
Street Address City State Zipcode

Phone #: _____ Alternate Phone #: _____

Email Address: _____

WHO SHOULD WE CONTACT IN CASE OF EMERGENCY?

Name : _____
First Last

Phone #: _____ Alternate Phone #: _____

PERMISSIONS (please read carefully and choose all that apply)

I give permission for my child to walk to and from the program site.

- ☐ Yes - by themselves
- ☐ Yes - with their older sibling (*please provide name(s) of older sibling(s) below*)
- _____
- ☐ No

I give permission for my child to participate in all activities that are planned for the Summer BLAST Program.

- ☐ Yes
- ☐ No

I give permission to the Summer BLAST Program to take photographs and videos of my child and use their image and/or voice for media and marketing purposes.

- ☐ Yes
- ☐ No

ADDITIONAL INFORMATION (answer all that apply to your child)

- ☐ My child has **activity limitations** that might prevent them from participating in some activities. They are:

- ☐ My child has an **allergy, sensitivity, or dietary restriction** that BLAST should be aware of. (list below)

Additional information you should know about my child:

Please sign and return to Schuylkill Community Action at 225 North Centre Street, Pottsville, PA 17901
or register online at:

www.surveymonkey.com/r/blast-registration2025

Feel free to call (570) 622-1995 with any questions.

Parent/Guardian Signature

Date