



**CITY OF SALEM, MASSACHUSETTS**  
PARK, RECREATION & COMMUNITY SERVICES  
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**PATRICIA O'BRIEN**  
SUPERINTENDENT

**Salem Park, Recreation and Community Services**  
**Youth Information Form**

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Medical/Allergy Information: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency and parents can not be reached at the numbers above:

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Approved Pickups from the Program (other than the parents):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_