

SANDOWN SUMMER RECREATION PROGRAM REGISTRATION/EMERGENCY INFO
A SEPARATE FORM IS REQUIRED FOR EACH CHILD. PLEASE FILL OUT BOTH SIDES OF FORM
 Please include area codes for ALL phone numbers provided!

Child's Name _____ Date of Birth _____ M/F _____ Grade Sept. 2010 _____

Address _____ Town: _____ Home Phone _____

Mother _____ Cell: _____ Work: _____

Father _____ Cell: _____ Work: _____

CHILD LIVES WITH: ___ Mother ___ Father ___ Both Parents ___ Guardian

CIRCLE T-SHIRT SIZE: Youth: S M L XL Adult: S M L XL Email: _____
We do no share your email address

It is mandatory for program t-shirts to be worn on ALL field trips and for other special events. A shirt is guaranteed but not size unless you have submitted your registration fee by JUNE 10TH.

PLEASE REGISTER MY CHILD FOR THE FOLLOWING WEEKS:
CHECK OFF PROGRAM WEEK. CHECK OFF EXTENDED MORNING AND/OR AFTERNOON IF NEEDED

___ WEEK #1 JUNE 28 – JULY 2	___ WK #1 EXTENDED MORNING	___ WK #1 EXT. AFTERNOON
___ WEEK #2 JULY 6 - JULY 9	___ WK #2 EXTENDED MORNING	___ WK #2 EXT. AFTERNOON
___ WEEK #3 JULY 12 - JULY 16	___ WK #3 EXTENDED MORNING	___ WK #3 EXT. AFTERNOON
___ WEEK #4 JULY 19 - JULY 23	___ WK #4 EXTENDED MORNING	___ WK #4 EXT. AFTERNOON
___ WEEK #5 JULY 26 - JULY 30	___ WK #5 EXTENDED MORNING	___ WK #5 EXT. AFTERNOON
___ WEEK #6 AUG 02 - AUG 06	___ WK #6 EXTENDED MORNING	___ WK #6 EXT. AFTERNOON
___ WEEK #7 AUG 09 - AUG 13	___ WK #7 EXTENDED MORNING	___ WK #7 EXT. AFTERNOON

Regular program hours are Monday through Friday 9 AM – 3 PM. Extended Morning Program 8:00-9:00 AM. Extended Afternoon Program 3:00-4:00 PM. Extra fee applies for extended program hours. See rate schedule.

Physician _____ Phone _____

Dentist _____ Phone _____

Health Insurance _____ I.D.# _____

Allergies _____ Epi-Pen _____

Physical Restrictions/Asthma: _____ MEDICATIONS: _____
 PLEASE ATTACH SEPARATE SHEET IF NEEDED. ALL HEALTH INFO CONFIDENTIAL AND PROTECTED BY HIPPA. PLEASE LET US KNOW IF YOUR CHILD USUALLY TAKES A DAILY MEDICATION DURING THE REGULAR SCHOOL YEAR.

Please list two additional people who will assume temporary care of your child if you cannot be reached: Emergency contacts must be available to pick-up within 30 minutes for health or behavior issues. Please be sure you have notified your contact so that they know they are responsible if you are unable to be reached.

Name _____ Town: _____ Phone _____ CELL _____

Name _____ Town: _____ Phone _____ CELL _____

WALKERS/BICYCLE RIDERS: I give permission for my child to walk or ride their bike to and from the program: YES _____ NO _____
 Please note: Children may not depart from this program without wearing appropriate bicycle helmet. No exception.

PARENT/GUARDIAN SIGNATURE _____ DATE: _____

USE OF INHALERS:

My child _____ uses an inhaler and is carrying an inhaler in his/her backpack while attending the Sandown Recreation Program. I am aware that the Recreation Program DOES NOT have medical staff on site to administer this medication and CANNOT administer this medication to my child. My child is capable of administering this inhaler to himself/herself without assistance. My child has my permission to use the inhaler AFTER the program director or assistant has been notified and a staff member is present to observe my child administering the inhaler to himself/herself. I understand my child is responsible for this inhaler while participating in the Recreation Program and its related activities including field trips. I will label my child's inhaler with his/her name. The child's use will be documented and reported to parent at the end of the day.

PARENT/GUARDIAN SIGNATURE _____

DATE: _____

PLEASE READ AND SIGN THE WAIVER BELOW

I give my child _____ permission to participate in the Sandown Recreation Summer Program including all activities, special events and field trips that he/she may join. Participation in this sport/activity may involve risk of injury. As a parent/guardian, I am aware of these hazards and the ability of my child to participate. In consideration for participation in the program(s) listed here, I hereby for myself, my heirs, executors and administrators waive and release all rights and claims against the Town of Sandown, its officers, employees, agents, volunteers and supervisors, except in the case of their sole negligence, from all losses, injury, damages, fees and other expenses, arising out of or in connection with participation in the activity. In addition, I hereby give permission for the staff of Sandown Recreation Program to provide simple first aid treatment to my child when necessary, and in the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. In addition, I give my permission for my child to be treated by qualified medical personnel in the event that the parent/guardian named below can not be reached. I understand that all Recreation Department classes/events may be photographed or videotaped for Town of Sandown programs and promotions. Photos may appear in local publications and/or on local Cable TV access channels.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

PLEASE SIGN WHERE INDICATED TO COMPLETE REGISTRATION FORMS

I understand and signify by my signature below, that I have read and understand all information put forth by Sandown Parks and Recreation regarding this program. Further, I understand that this program is neither a daycare or a camp and that no medical personnel are on site nor does staff administer prescription medications. I also understand that my child may be dismissed from the program for episodes of misbehavior. I understand that either I or my designated emergency person must be available to pick-up my child in the event of illness or misbehavior within 30 minutes of being notified. The program does not have physical accommodations for children who are ill or who must be kept separated from the program for misbehavior. Please sign all to complete registration form.

I UNDERSTAND Rates, Fees, Late Charges, Manner of Payment, Non-Refundable Fees.
I UNDERSTAND All Behavior, Procedures/Policy as listed in PARENT GUIDE regarding this program
I UNDERSTAND No Registration is considered complete or spot reserved until all fees and permission forms have been received by the Recreation office.

SIGNATURE: _____

DATE: _____

OFFICE USE ONLY DO NOT WRITE BELOW THIS LINE TO BE FILLED IN BY PROGRAM ADMINISTRATOR DO NOT WRITE BELOW THIS LINE

Reg. Amt. Paid _____ Reg. Check No. _____ Deposit Amt _____ Deposit Check No. _____ # of Weeks _____ Apply to Week #'s _____

Week #'s Paid in Full With Reg. _____ Check NO. _____ Weekly Rate Paid _____ Includes Ext AM _____ Includes Ext PM _____

Field Trips Wks Paid With Reg. _____ Amt. PD _____ Check No. _____

Siblings in Program ___YES ___NO Sibling Name: _____ Paymnt rec'd reflects amts pd for addnl. child in same family ___YES ___NO

All Forms and Paperwork Complete ___YES ___NO MISSING: _____ All Payments Due Now Paid ___YES ___NO