ATKINSON RECREATION, in partnership with the Atkinson Academy

ATKINSON RESIDENT REGISTRATION FORM SUN 'N FUN - 2017

6-WEEK PROGRAM: Mon. 6/26 ~ Fri. 8/4 (Mon ~ Fri. Closed on 7/4. No program on Fridays if rains)
A SEPARATE FORM FOR EACH CHILD IN YOUR FAMILY MUST BE PROVIDED. PLEASE PRINT CLEARLY

Child's Name	M / F Date of Birth	Grade Sept. 2017			
Address		Home Phone			
Parent/guardian(s) contact info:					
First & last name(s):					
Address	City	State Zip			
Best Phone number to reach you		Work:			
E-MAIL ADDRESS *E-MAIL ADDRESS IS NOT SHARED. YOU	WILL RECEIVE PROGRAM INFO. PLE	ASE PRINT NEATLY			
SIBLINGS IN PROGRAM: YES / NO IF	YES, SIBLING NAMES & GRADE.				
1	2				
Physician		Phone			
Allergies* (include all)		Epi Pen: Yes: No			
Physical Disabilities/Restrictions*		Medications:			
*ATTACH ADDITIONAL SHEET IF NE school, the parent/guardian must provi		who require a one-on-one aide for			
emergency contact that you have listed	pick up your child from the prog them as such. Children who are	ary care of your child if you cannot be ram. NOTE: Please be sure to notify your dismissed for illness or misbehavior are equired if staff is unfamiliar with person			
Name	Address	Phone			
Name	Address	Phone			
Name	Address	Phone			
Name	Address	Phone			
TRIP RELEASE: I give my child attend any of the field trips offered by	the Atkinson Recreation, Sun 'n f	permission to un program. (Not for Kindergarteners)			
PRINT PAREN/GURDIAN NAME	PARENT/GUAR	DIAN SIGNATURE DATE:			
misbehavior. If a parent/guardian cannot	be contacted, the emergency contact	es a child from a program for episode(s) of ct person will be called to immediately pick- ning, bullying in any manner, of children or			

REFUND PROCEDURE Refunds are issued only when a program is cancelled by the Recreation Department for lack of minimum required participants or, the participant enrolled in the program has a note from a physician's office stating they are not able to participate in the program due to a medical condition. To protect privacy we do not require knowing what 1 of 2 REGISTRATION FORM

the condition consists of. Medical condition refunds will be pro-rated. All requests must be made within 2-weeks of program start date and in writing. If you feel your request for a refund was unfairly denied, there is an appeal process. Appeals must be in writing and sent to the Atkinson Recreation Department. The Recreation Director will review and either approve or deny in writing your request. If your request is denied by the Director you may appeal in writing to the Recreation Commission. No refund will be provided in the event a child is dismissed from the program for episodes of misbehavior. Registration fees; \$10 for Early Week and \$15 for 6-Week programs are not refundable. **INITIAL**

MEDICAL RELEASE / WAIVER Participation in this sport/activity may involve risk of injury. As a parent or participant, I am aware of these hazards and my ability or my child's ability 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 Atkinson, it's 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 give my permission for my child to be treated by qualified medical personnel in the event that the parent/quardian named below cannot be reached at the phone numbers provided and for my child to be transported by emergency vehicle to a hospital if needed. All Recreation Department classes/events may be photographed or videotaped for Town of Atkinson programs and promotions. Photos may appear in local publications and/or on local Cable TV PAGE access channels or other electronic media unless prior written instruction has been received by the Recreation Dept. from the parent/guardian. I understand that I am responsible for providing an aide for my child if my child requires assistance by an aide during the school day for either physical, mental or behavioral assistance or that such assistance is not the financial responsibility of this program. I understand and signify by my signature below, that I have read and understand all information put forth by Atkinson 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. Please sign to complete registration form.

DDINT DAD	EN/GURDIAN NAME	DADENIT/	GUARDIAN SIGNATURE	DATE:	
PRINT PAR	EN/GURDIAN NAME	PARENIA	BUARDIAN SIGNATURE	DATE:	
INHALER R is carrying as DOES NOT medication to child has my member is p inhaler while	have medical staff on site to o my child. My child is capab permission to use the inhale resent to observe my child ac participating in the recreation with his/her name. Your ch	Atkinson Recreation Progradminister this medication le of administering this inher AFTER the program diredministering the inhaler to n program and its related a	ram. I am aware that the Recr and WILL NOT administer th aler to him or herself without a ector or assistant has been no him or herself. My child is res activities including field trips. I ed and reported to parent/gua	is or other assistance. My tified and a staff ponsible for this will label my	
	PAREN/GURDIAN NAME ding in 6-week registration Child –Med Child-	fee) CIRCLE ONE:	ENT/GUARDIAN SIGNATUR Adult Med Adult –Lg	E DATE: Adult –XL	
xxxxxxxxxxxx			xxxxxxxxxxxxxxxxxxxxxxx	xxxxxxxxxxx	
	DO NOT FILL IN OR	<u>WRITE BELOW THIS LINE – F</u>	OR OFFICE USE ONLY		
REC'D BY	DATE				
6-WEEK PROGRAM: I	Mon. 6/26 ~ Fri. 8/4 (Mon ~ Fri. Clo	sed on 7/4. No program on Fric	lays if rains)	l	
√# of children	Non-Refundable Reg. Fee	Program fee & T-shirts	Total payment du	ue 6/12	
() 1 child	\$15 CASH / CHECK #	\$235 CASH / CHECK #	\$250 CASH / CHEC	K#	
() 2 children	\$30 CASH / CHECK #	\$360 CASH / CHECK #	\$390 CASH /CHEC	\$390 CASH /CHECK#	
() 2 of illustration	\$ 45 CASH / CHECK #	\$475 CASH / CHECK #	\$520 CASH / CHEC	\$520 CASH / CHECK #	

) 3 children