

Summer Recreation Registration Form

Return Form (with appropriate fees) to: Plainfield Recreation 482 Norwich Road Plainfield 06374
DO NO RETURN FORM TO SCHOOL PLEASE COMPLETE BOTH SIDES OF REGISTRATION FORM

Child's Name _____ Male _____ Female _____

Current Grade _____ School _____ Date of Birth _____
2017—2018

Mailing Address _____ Town _____

Zip Code _____ Phone # _____ Parent cell# _____

Street Address (if different than mailing) _____

Child's Mothers Full Name _____

Work Phone # _____ Employer _____

Child's Fathers Full Name _____

Work Phone # _____ Employer _____

Step-Parents Full Name _____

Work Phone# _____ Employer _____

Other than parents list individuals who have permission to pick-up your child and can be contacted in case of an emergency. These individuals should be available during the day and know they are on this list.

1. _____ Relationship _____ Phone _____

2. _____ Relationship _____ Phone _____

3. _____ Relationship _____ Phone _____

Copies of any court documents regarding custody of the child registered must be on file with the office and updated as appropriate. Are there any parental restrictions? yes _____ no _____

Please list any physical/mental limitations _____

Please list any medical problems _____


Please list any allergies _____

Please list any medication your child is taking _____

Please list any special needs or concerns for your child that we should be aware of:

If your child requires medication during the summer program they must be sent to the program by a parent with a signed medical authorization form. Sunscreen and bug spray requires a signed "non-prescription" authorization form.

Do not send medication to program with children.

Complete other side 

Child's Name: _____

Please Check:

My child will attend on the following days: Mon ___ Tue ___ Wed ___ Thu ___ Fri ___

My child will be parent drop off at 9am _____ and parent pick up at 3:00pm _____

My child will attend the extended day program: AM ___ PM ___ (half payment due at registration)

My child has permission to walk/ride or bike to and from program _____

Busing will not be available this Summer (AM and PM)

EMERGENCY RELEASE: I grant permission to the Town of Plainfield to utilize any medical emergency services it deems necessary to treat any injury that I or my child may incur. **WAIVER:** I understand that participation in any Town of Plainfield recreational programs and/or it's related facility by myself or my minor child involves risks. I understand that participation in any recreational land or water sport/program or activity there is an element of risk, physical contact and strenuous physical activity in which each participant voluntarily assumes all risk. I affirm that my health is adequate and that I am not under any physician's care that bears upon my (or my minor child's) participation in the above activity. In consideration of being allowed to participate in town activities, I assume all risks, including personal injury and fatality, which may arise from participation of myself or my minor child in such activities. I agree for myself, my family, heirs, executors and administrators to not sue and to release, indemnify and hold harmless the Town of Plainfield and their affiliates, officers, directors, employees, volunteers, successors and assigns from any and all liability, claims, demands and causes of action whatsoever, that may arise from the participation of myself or my minor child in town sponsored activities and its various programs on or off-site, whether it results from the negligence of any of the above named persons or entities or from any other cause. This release and indemnification agreement shall be as broad and inclusive as is permitted by the law of the State of Connecticut. If any portion of it is held invalid, the balance shall continue in full force and effect. **PHOTO RELEASE:** I understand that for promotional purposes, the Town of Plainfield and local media takes photographs of participants enrolled in recreational activities, classes or programs. I hereby release and permit the Town of Plainfield to utilize for said promotional purposes any photographs of me or my minor child engaging in the above listed activities. **TRANSPORTATION:** I give permission for my to travel by bus and participate in any field trip scheduled with this program

Parent/Guardian Signature

Date

Deposits are non-refundable. Refunds will be given for payment (minus deposit) up to June 1st.

Check the appropriate box:

- K-5th Recreation (6 weeks) \$350**
- 6-8th Teen Recreation (6weeks) \$350**
- AM Extended day
- PM Extended day
- Recreation single weeks \$90 per week
Check: __7/9-7/13__7/16-7/20__7/23-7/27__7/30-8/3

Fee Paid _____
Receipt _____
Date _____

Fee Paid _____
Receipt _____
Date _____

Fee Paid _____
Receipt _____
Date _____

Fee Paid _____
Receipt _____
Date _____

Complete other

