

**SANDOWN SUMMER RECREATION PROGRAM RESIDENT REGISTRATION/EMERGENCY INFO 2016**

A separate form is required for each child. Please fill out BOTH sides of registration form. You must include area codes for any phone numbers that are not in the 603 area code. Checks are made payable to: Sandown Recreation.

**NOTE: NO CASH IS ACCEPTED IN PAYMENT OF PROGRAM FEES OR FIELD TRIPS**

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ M/F \_\_\_\_\_ Grade Sept. 2016 \_\_\_\_\_

Address \_\_\_\_\_ Town: \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Parent: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

CHILD LIVES WITH: \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Both Parents \_\_\_\_\_ Guardian

T-SHIRT SIZE: Youth: S M L XL Adult: S M L XL Email: \_\_\_\_\_

**WE NEED YOUR E-MAIL ADDRESS TO SEND YOU IMPORTANT PROGRAM INFO AND UPDATES. WE DO NOT SHARE YOUR E-MAIL 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 the size unless you have submitted your registration by **JUNE 1<sup>ST</sup>**.

**MY CHILD HAS ALLERGIES/HEALTH OR OTHER ISSUES THAT ARE DOCUMENTED ON PAGE 2 OF REGISTRATION YES NO**

**PLEASE REGISTER MY CHILD FOR THE WEEKS LISTED BELOW**

WK #1 \_\_\_\_\_ June 20-24 (Glow Bowling) WK #2 \_\_\_\_\_ June 27-July 1 (Canobie) WK #3 \_\_\_\_\_ July 5-8 (Sandlots) **NO PROGRAM MONDAY 7/4**

WK #4 \_\_\_\_\_ July 11-15 (Wallis Sands) WK #5 \_\_\_\_\_ July 18-22 (Movie: "PETS") WK #6 \_\_\_\_\_ July 25-29 (Water Country)

WK #7 \_\_\_\_\_ August 1-5 (Launch Trampoline) **PAYMENT DEADLINE TO AVOID INCREASE/LOSS OF DEPOSIT: MONDAY, JUNE 13<sup>TH</sup>**

**DO NOT FILL IN THIS SPACE! FOR ADMIN USE ONLY! DO NOT FILL IN THIS SPACE! FOR ADMIN USE ONLY!**

**\*REG FEE: \_\_\_\$15 RESIDENT CHK # \_\_\_\_\_ \*REG. & PROGRAM FEES INCREASE: JUNE 14<sup>TH</sup>**

WEEK #1 FT: YES NO TOTAL: \$105.00 AMT PD \_\_\_\_\_ W/CHECK # \_\_\_\_\_ BAL. DUE WK #1 \_\_\_\_\_

WEEK #2 FT: YES NO TOTAL: \$120.00 AMT PD \_\_\_\_\_ W/CHECK # \_\_\_\_\_ BAL. DUE WK #2 \_\_\_\_\_

WEEK #3 FT: YES NO TOTAL: \$105.00 AMT PD \_\_\_\_\_ W/CHECK # \_\_\_\_\_ BAL. DUE WK #3 \_\_\_\_\_

WEEK #4 FT: YES NO TOTAL: \$105.00 AMT PD \_\_\_\_\_ W/CHECK # \_\_\_\_\_ BAL. DUE WK #4 \_\_\_\_\_

WEEK #5 FT: YES NO TOTAL: \$105.00 AMT PD \_\_\_\_\_ W/CHECK # \_\_\_\_\_ BAL. DUE WK #5 \_\_\_\_\_

WEEK #6 FT: YES NO TOTAL: \$120.00 AMT PD \_\_\_\_\_ W/CHECK # \_\_\_\_\_ BAL. DUE WK #6 \_\_\_\_\_

WEEK #7 FT: YES NO TOTAL: \$105.00 AMT PD \_\_\_\_\_ W/CHECK # \_\_\_\_\_ BAL. DUE WK #7 \_\_\_\_\_

DID ANY PAYMENT RECEIVED INCLUDE PAYMENT FOR OTHER CHILDREN: Y N NAME: \_\_\_\_\_

HAS PARENT/GUARDIAN SIGNED IN ALL APPLICABLE PLACES YES NO ARE ANY HEALTH ISSUES NOTED: Y N

**TURN OVER AND CONTINUE TO PAGE 2 OF RESIDENT REGISTRATION FORM**

**PAGE 2 OF 2 RESIDENT REGISTRATION**

Health Insurance \_\_\_\_\_ I.D. # \_\_\_\_\_ Epi-Pen: YES (circle if applies)

Allergies \_\_\_\_\_ Special Needs or medical condition \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_ PLEASE ATTACH SEPARATE SHEET IF NEEDED. ALL HEALTH INFO IS CONFIDENTIAL AND PROTECTED BY HIPAA. PLEASE LET US KNOW IF YOUR CHILD USUALLY TAKES A DAILY MEDICATION DURING THE REGULAR SCHOOL YEAR AND IF YOU HAVE CHOSEN TO DISCONTINUE IT FOR THE SUMMER. THIS INFO CAN OFTEN HELP US ADDRESS YOUR CHILD'S NEEDS. PLEASE ATTACH ANY ADDITIONAL INFORMATION NEEDED REGARDING YOUR CHILD'S HEALTH.

**INHALER RELEASE/PERMISSION** My child \_\_\_\_\_ uses an inhaler and is carrying an inhaler while attending the Sandown Recreation Program. My child is capable of administering this inhaler to him or herself without assistance. My child has my permission to use the inhaler AFTER the program director or assistant has been notified and staff member is present to observe my child administering the inhaler to him or herself. 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. Your child's use will be documented and reported to parent/guardian at the end of the activity period.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE:

Please list two additional people who may either pick-up from program or 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. Addnl. drivers for pick-up may be added on separate sheet.

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

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

**PLEASE READ AND SIGN THE WAIVER BELOW**

Participation in this sport/activity/field trip or event 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, 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 permission for the staff of Sandown Recreation Program to provide basic 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. Participants may be photographed for Town of Sandown programs and promotions.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE:

\_\_\_\_\_  
DATE:

**PLEASE SIGN WHERE INDICATED TO COMPLETE RESIDENT REGISTRATION FORM**

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 behavior issues. 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 and that such assistance is not the financial responsibility of this program. Please initial and sign all to complete registration form.

**I UNDERSTAND AND ACKNOWLEDGE BY MY INITIALING I HAVE REVIEWED PARENT GUIDE & THE FOLLOWING:**

**A Weekly Fees; Late Fees; Returned Check Fees; Payment Deadlines; Manner of Payment; Refund Policies.** INITIAL \_\_\_\_\_

**All Behavior Policies & Procedures as listed in PARENT GUIDE regarding this program, including no refund for dismissal from program for behavior issues and that I have instructed my child in regard to behavior procedures noted in Parent Guide.** INITIAL \_\_\_\_\_

**No Reglstration is complete, nor spot confirmed until all fees and permission forms have been received by the Rec. Office.** INITIAL \_\_\_\_\_

**My child has my permission to walk/ride bike to/from program. I understand a helmet is required for bike departure. YES NO** INITIAL \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE REQUIRED

\_\_\_\_\_  
DATE: