

FOR OFFICE USE ONLY:
REGISTRATION TIME:

PAID WITH CHECK: AMOUNT AND NUMBER _____
PAID WITH CASH: AMOUNT _____

2017 SAFE SUMMER XXIV
Grades 6th to 12th (Grade in Fall 2017)
Registration Form

Child's Name _____
Last First Middle

Home Address _____
Street Zip Code

Parent/Guardian Name _____ Phone (H) _____
Phone (W) _____

Parent/Guardian Name _____ Phone (H) _____
Phone (W) _____

Email Address _____

Person having custody of child _____ Custody restraints Y _____ N _____

Person with permission to pick up child other than parents:

1) _____ Relationship to child _____ Phone _____

2) _____ Relationship to child _____ Phone _____

Who may NOT pick up child:

1) _____ Relationship to child _____

2) _____ Relationship to child _____

* * * * *

Please check off the sessions that your child will be attending:

Week 1: July 5 - July 7 _____

**** PLEASE NOTE:**

Week 2: July 10 -14 _____

Lake Compounce Field Trip (5 PM) _____

EXTENDED HOURS

Week 3: July 18 - 21 _____

Splashdown Park Field Trip (3 PM) _____

FOR THESE TWO

Week 4: July 24 - 28 _____

FIELD TRIPS**

****Field Trips must be prepaid at Registration. 7/12 Lake Compounce, \$42.00 7/18 Splashdown - \$35.00**

Trips are to be paid separately by cash or check.

**** If you elect not to participate in out of town field trips, please be advised the site will be closed for the day**

FOR OFFICE USE ONLY:

Child's Birth date _____ Grade entering next year _____ Age as of June 1, 2017 _____

* School attending Fall 2017 _____

Grade this year _____

T-Shirt Size _____

EMERGENCY / MEDICAL INFORMATION

Parent/Guardian Name: _____ Phone (H): _____

Phone (C): _____

Parent/Guardian Name: _____ Phone (H): _____

Phone (C): _____

Emergency contact person(s) who are authorized to give consent in the event a parent/guardian cannot be reached:

1) _____ Relationship to Child: _____ Phone #: _____

2) _____ Relationship to Child _____ Phone #: _____

Allergies, Nosebleeds, Bites, etc.: ☐ yes ☐ no

If yes, please explain: _____

Does your child have any special needs or receive care for any special needs that we need to be made aware of? ☐ yes ☐ no

I certify that, to the best of my knowledge, my child is in good health and able to participate in the 2017 Safe Summer XXIV deposit Program. In the event of an emergency, I understand that every effort will be made to contact the parent/guardian. In the event he/she cannot be reached, I hereby give permission to the physician selected by the adult in charge to hospitalize, secure proper treatment for and order injection, anesthesia, or surgery as deemed necessary for the child named above.

Insurance Coverage _____ Policy # _____

PARENT/LEGAL GUARDIAN AGREEMENT

I give full permission for _____ to attend the 2017 Safe Summer XXIV Program and participate in all activities including any off site trips. I have read the 2017 Safe Summer XXIV flyer and agree to abide by its rules. I authorize the use of photographs of my child for the use of promoting the 2017 Safe Summer XXIV Program. I understand that 2017 Safe Summer XXIV Program is not responsible for the loss of personal property. Electronic devices including cell phone are prohibited. 2017 Safe Summer XXIV Program reserves the right to cancel or modify any session.

NO REFUNDS WILL BE GIVEN AFTER JUNE 30th

I, the undersigned, understand and agree to adhere to the policy that in the event that disciplinary action must be taken it will at the discretion of the Site Director and the Office of Danbury Parks and Recreation. Actions will be in congruence with the Danbury Public Schools Disciplinary Procedures, a copy of which may be obtained upon request. In the event that your child is suspended or expelled from the program:

THERE WILL BE NO REFUNDS, INCLUDING ANY PREPAID TRIP FEES.

I have read all the information including the Emergency Medical Policy as well as the Parent/Guardian Agreement and agree to adhere to the above stated procedures.

Name of Parent/Guardian _____ Date _____

Signature _____