

CLAYTON RECREATION SUMMER PLAYGROUND PROGRAM

CLAYTON COMMUNITY CENTER

NAME OF CHILD _____
(LAST) (FIRST) (MIDDLE) (NICKNAME)

ADDRESS _____
(STREET) (CITY) (STATE)

RESIDENT (DO YOU LIVE IN THE TOWN LIMITS?) _____ YES _____ NO

AGE OF CHILD _____ BIRTHDATE _____ SEX _____ HOME # _____

(FATHER'S NAME) (OCCUPATION) BUS. PHONE

(MOTHER'S NAME) (OCCUPATION) BUS. PHONE

(GUARDIAN IF CHILD DOES NOT LIVE WITH PARENTS) PHONE

Emergency Contact if parents cannot be reached _____

DOES YOUR CHILD HAVE ANY UNUSUAL HEALTH CONDITIONS? _____ YES _____ NO

IF YES, EXPLAIN: _____

DOES YOUR CHILD HAVE ANY ALLEGIES (PLANTS, BEES, FOOD, ETC.)

I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN ALL ACTIVITIES ASSOCIATED WITH THE SUMMER PLAYGROUND PROGRAM

PARENT OR GUARDIAN DATE

FOR STAFF USE ONLY:

One time non refundable registration fee \$25.00 per child: Paid _____

**Resident \$40.00 NonResident \$80.00
 10% discount for each additional child**

	Attending	Paid		Attending	Paid
6/13/11-6/17/11	_____	_____	7/18/11-7/22/11	_____	_____
6/20/11-6/24/11	_____	_____	7/25/11-7/29/11	_____	_____
6/27/11-7/1/11	_____	_____	8/1/11-8/5/11	_____	_____
7/5/11-7/8/11	_____	_____	8/8/11-8/12/11	_____	_____
7/11/11-7/15/11	_____	_____			

EMAIL: _____

OVER →

The following people have permission to pick up your child at the Clayton Community Center. Please include parent's names. All individuals will need proof of identification in order to pick up your child.

Name:

Relationship:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

I, the undersigned hereby release and agree to hold harmless the Clayton Parks and Recreation Department, its employees, agents and its administrators from any and all claims for damages, injury, or illness which may arise as a result of my participation in this program. I understand there are risks when transportation is involved and hereby assume responsibility for all risks and hazards incidental to this program.

Parent's Signature

Date