

Office Use Only:

Vacation Club: _____

Field Trips: _____

Swim Lessons: _____

Dansville Summer Recreation Registration Form

Please fill out a separate registration form for each child enrolling in The Summer Recreation Program.

Date: _____

Child's Name _____

Address _____

City _____ Zip _____

Birth Date _____ Age _____ Current Grade _____

Mother/guardian _____ Phone day _____

Father/guardian _____ Phone day _____

E-MAIL ADDRESS: (print clearly): _____

EMERGENCY CONTACTS

Name: _____ Phone: _____

Name: _____ Phone: _____

MEDICAL AUTHORIZATION

I hereby authorize Dansville Community Center Summer Recreation Program Staff to obtain immediate medical attention for my child in the event of accident or injury.

Signature _____

HEALTH CONDITIONS & ALLERGIES

Please list any allergies and or health conditions: _____

HEALTH INSURANCE INFORMATION

Do you have health insurance? _____

May we photograph your child for publicity purposes? Yes _____ No _____

POOL AUTHORIZATION

My child is allowed to participate at the Dansville pool facility. (This includes any free swim times we may have)

Signature: _____

Office Use Only:

Vacation Club: _____

Field Trips: _____

Swim Lessons: _____

Swim lessons are Red Cross Certified:

Swim Lessons (\$50 fee): Please circle one: YES or NO

Field Trips to Letchworth Swimming Pool (\$10 a trip):

My child is allowed to participate in the Letchworth pool field trips, including riding on bus transportation.

Initial: _____ *Please note that children either have to do the field trip on Friday or stay home, there is no staff at the school on Fridays, everyone goes on the field trip.

Please circle the field trip dates that your child will be attending:

7/13/2018, 7/20/2018, 7/27/2018. 8/3/2018, 8/10/2018, 8/17/2018

Vacation Club Enrollment:

\$25 per day before and after summer rec (7:40am – 6pm) Please circle one: YES or NO

\$20 per day during Summer Rec. (12:30pm – 6pm) Please circle one: YES or NO

Transportation to Community Center: Circle one: LATS Other: _____

INJURY WAIVER

In consideration of my child's entry into the Dansville Summer Recreation Program, I intending to be legally bound, do hereby for my child, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for loss, damages, or injury to my child's person or property arising out of, and as a result of participation in the Dansville Summer Recreation Program.

Signature: _____

Departure Information

We understand that parents have different restrictions and allowances for their children. So to avoid confusion or conflict, we would like to gather some information regarding these restrictions for our records. I must also ask that you communicate with your child and us about rules or changes in their arrival or departure. The more we all know, the less chance of confusion there will be for everyone.

Student name: _____

My child is expected to stay for the entire program and depart at 12:30pm YES NO

My child's daily arrival time _____ and departure time _____

How will your child get to and from the program? _____

*If your child needs to depart in any other way than what is listed above you must send in a note specifying the arrangements. *With who, what time, what date, what details?*

Signature: _____

Additional notes: _____
