



RADISSON SUMMER RECREATION REGISTRATION - 2008

ONE REGISTRATION FORM PER CHILD ❖ INCOMPLETE FORMS WILL BE RETURNED

LOCATION: Kerri Hornaday Memorial Park DATES: July 7 - August 8 (Mon-Fri)

COST: \$50/child \$75/family (checks payable to RCA)

FOR RESIDENTS & CORP PARK MEMBERS ONLY

PRE K - 1 ST GRADERS	2 ND - 7 TH GRADERS
Attend 9am - 11am CANNOT check-in/out without an adult MUST be potty trained MUST be 4 years of age by July 7, 2008	Attend 9am - NOON <input type="checkbox"/> Check here if participant can check-in/out alone. PLEASE NOTE: This allows participant to come & go during the day AND in the case of inclement weather participant would be sent home.

PARTICIPANT'S NAME: _____ BOY GIRL

GRADE (as of 9/08): _____ DATE OF BIRTH: _____ AGE: _____

ADDRESS: _____

MOTHER'S NAME: _____ PHONE: _____ (H) _____ (W)

FATHER'S NAME: _____ PHONE: _____ (H) _____ (W)

EMERGENCY CONTACT OTHER THAN PARENT - WE WILL CONTACT PARENTS FIRST!

CONTACT NAME: _____ Relationship to participant: _____

ADDRESS: _____

PHONE: _____ (H) _____ (W)

PHYSICIAN'S NAME: _____

ADDRESS: _____ PHONE: _____

ALLERGIES: _____

CURRENT MEDICATIONS: _____

Any special needs staff should be aware of: _____

PARTICIPANT MAY BE RELEASED TO (i.e. babysitter, neighbor, etc.)

NAME	ADDRESS	PHONE

Waiver Agreement: I hereby give my consent for the above names applicant to participate in the Radisson Summer Recreation Program. I further release and agree to hold harmless the Radisson Community Association, Inc. ("RCA"), its employees, agents, representatives and any volunteers from any and all injury, claims, and liabilities whatsoever that might be incurred as a result of participation in said program. I further grant the RCA, its employees, agents, representatives and any volunteers or emergency personnel permission to provide my child/participant with emergency or medical treatment should that become necessary. I have read this document carefully, understand its terms, and voluntarily sign it understanding its significance.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

RCA USE ONLY:
DATE REC'D: _____ CHECK/CASH #: _____ AMT PAID: _____ # _____

Returned Check Fee: \$30.00 NO REFUNDS AFTER 7/7/08