

2019 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: \_\_\_\_\_



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**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:

7/12/2019, 7/19/2019, 7/26/2019. 8/2/2019, 8/9/2019, 8/16/2019

**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: \_\_\_\_\_

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## 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: \_\_\_\_\_

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