

HOLLIS PARKS & RECREATION

# 2015 SUMMER RECREATION

## REGISTRATION FORM

**PARTICIPANT INFORMATION**

Child's Last Name:		Child's First Name:		
Mailing Address:	Shirt Size:	Phone #:	Age:	Grade: going into in Sept
		E-mail address:		

**PARENT / GUARDIAN INFORMATION**

Mother/Guardian 1:	Work Phone #s:
Father/Guardian 2:	Work Phone #s:
Emergency Contact:	Phone #

**EMERGENCY INFORMATION**

Please list any medical issues, such as allergies, medication, or injuries that we should be aware of:

If none, please state none.

**SWIMMING ABILITY**

As your child will be participating in swimming activities, it is important for us to know his/her swimming ability. Please check off the most appropriate from the following:

NONE     
  FAIR     
  AVERAGE     
  EXCELLENT

**PROGRAMS & FEES**

<p><b>Basic (Kin-4<sup>th</sup>)* ..... \$525</b></p> <p><b>Juniors (5<sup>th</sup>&amp;6<sup>th</sup>)* . . . . . \$550</b></p> <p><b>Explorer (7<sup>th</sup>-9<sup>th</sup>)* ..... \$550</b></p> <p>* grade entering in the fall</p>	<p>Out of Town Fee(per family per year)\$35.00</p> <p>Second Child Discount deduct .....\$25.00</p> <p>Late Registration Fee.....\$20.00</p> <p>Early Drop Off/Late Pick Up - \$2.75/hr per child</p>
<p>Oil Painting . . . Tuesdays 3-5 pm .. \$30.00</p> <p>Drawing . . . . . Thursdays 3-5 pm . \$20.00</p>	
<p>My child will be attending: Early Drop Off      Late Pick Up</p> <p>   M T W R F (circle)      M T W R F (circle)</p>	

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P A Y M E N T	
TOTAL THIS CHILD:	TOTAL OTHER CHILDREN:
TOTAL FOR THIS FAMILY:	NOTES:

P A Y M E N T S					
DATE	AMT DUE	AMTPD	BALANCE	CHECK#	RECD BY
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

**NEW POLICY** –The entire fee must be paid prior to the start of Summer Recreation Program on June 30<sup>th</sup>. I understand that, if this arrangement is not fulfilled by the date above, all Hollis Recreation services can and will be immediately suspended. I agree to the above payment plan. If this payment option does not fit your needs, other arrangements can be discussed with the Board of Selectmen.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Approved By)

\_\_\_\_\_  
(Date)

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### Sunscreen Consent

Due to State/Federal protocol, our staff needs parental/guardian consent to apply and re-apply sunscreen to your child. Without your consent your child is at risk of sunburn and all other possible health risks. We appreciate your understanding and cooperation with this matter.

_____ Parent/Guardian Signature	_____ Date
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### Photo Release

I grant to Hollis Recreation, its representatives and employees the right to take photographs of my child in connection with Summer Recreation Programs. I authorize Hollis Recreation, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Hollis Recreation may use such photographs of my child for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I do: ____ I do not ____ _____ Parent/Guardian Signature	_____ Date
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