Tiverton Recreation Summer Program 2016

Please bring Completed Forms and Payment to walk-in registration at
TIVERTON TOWN HALL on SATURDAY, June 4 from 9am-12pm

Home Alone Class Registration Form 2016

Program Location: Tiverton High School Library
Age Requirement: 11 – 14 years old

Minimum enrollment: 6

Child's Name: _____

Address: _____ City: _____State: _____ Zip: _____

Age (as of June 1, 2016): _____ Birth Date: _____ Grade (beginning fall 2016): _____

*Home Phone: _____

*Cell Phone: _____ I am able/prefer to receive Texts: Yes ☐ No ☐

*Email: _____

Parent / Guardian: _____

***Email and at least one phone number required, as we send all information including program changes/cancelations via email & phone.**

_____ Session 1: Wednesday, July 20 from 9am-12pm

_____ Session 2: Wednesday, August 17 from 9am-12pm

Fee & Payment Information:

$35 per session, per child

OFFICIAL USE:
Session number(s): **1**_____**2**_____

Amount Paid $_____ Check#_____ Cash✓: _____

- Make Check(s) payable to Town of Tiverton
- Registration Form and Waiver Form to be completed and Payment made at walk-in registrations only. If payment is not made at the walk-in registrations we cannot guarantee a spot in the class.
- **See the Waiver Form for refund policy.**
- This is a Town of Tiverton Program

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Waiver Form for: _____

(PRINT CHILD'S NAME)

OFFICIAL USE:			
SB	BB	3 PAD	1 KAY
LAX	DC	CC	1 SUP

1. I, the parents/guardian of the name child, hereby give my approval for his/her participation in any/all activities during the Tiverton Recreation Commission's 2016 programs. I assume all risks and hazards incidental to such participation, including transportation to and from such activities, and hereby waive, release, absolve, indemnify, and agree to hold harmless all individuals responsible for the conduct or activity involving my child.

2. **MEDICAL CONDITIONS:** Also, I understand that registrations for children requiring special attention are reviewed on a case-by-case basis with the Recreation and program director(s). I understand that the Recreation Commission does not receive specialized training for various special needs, but will work with individuals as appropriate. I will provide as much detail as possible, including any physical/emotional needs or medications involved so that the staff will be able to provide a positive experience for each child.

Medical Conditions: _____

Food Allergies:_____

Does he/she carry an EPIPEN? _____ Is your child asthmatic? _____ Does he/she carry an inhaler for asthma? _____

Doctor's Name: _____ Phone #:_____

Health Provider/ Plan #:_____

Hospital Preferred: _____

3. **RISK FACTORS:** The undersigned understands and acknowledges that the use of equipment, facilities and services provided by the Town of Tiverton Recreation Commission involves risks such as, but not limited to, the following which might result from the use of equipment or facilities, from the activity itself, from the acts of others, or from the unavailability of emergency medical care - RISK OF PROPERTY DAMAGE, BODILY INJURY, AND POSSIBLE DEATH, and that he assumes all risks that arise from, but not limited to, those risk factors described above.

4. **RELEASE:** The undersigned releases the Tiverton Recreation Commission and the Town of Tiverton, its employees and agents, and agrees not to sue them on account of or in conjunction with any claims, causes of action, injuries, damage, cost of expenses arising out of the activity, including those based on death, bodily injury or property damage whether or not caused by the acts, omissions or other fault of the parties being released.

5. **EMERGENCY TREATMENT CONSENT:** The undersigned, as a participant in the subject activity, hereby consents to medical treatment in a medical emergency where the undersigned is unable to consent to such treatment.

6. **ACKNOWLEDGMENT:** The undersigned has read and understands this agreement.

7. **WITHDRAWAL & REFUND POLICY:** An email or mailed written withdrawal request **received 10 business days prior to the start** of the program will receive the full program fee. An email or mailed written withdrawal after the start of the program will receive no refund.

Parent / Guardian_____
Signature

Parent / Guardian_____Date:_____
Please print

Child Name(s)_____
Please print

EMERGENCY CONTACT INFORMATION: Please list in order of preference and include parents/guardians:

Name Phone Relationship to Child

Call 1ST: _____

2ND: _____

3RD: _____

4TH: _____