

BRIDGEWATER RECREATION COMMISSION SUMMER RECREATIONAL PROGRAM

REGISTRATION FORM ~ 2009

WEEKLY PROGRAM FROM: Monday June 29, 2009 THRU Friday, August 21, 2009

3, 4, OR 5 DAY ENROLLMENT: Monday to Friday 8:30 - 12:30

LOCATION: Legion Field - Behind the Williams School

Program fees: \$15.00 per day 1st child; \$10.00 per day each child thereafter, with a \$35.00 family maximum. **A \$ 5.00 NON-REFUNDABLE APPLICATION FEE** PER FAMILY IS DUE WHEN REGISTERING FOR THE PROGRAM. Registration may be made by mail. Open registration will continue throughout the program based on availability. Non-residents accepted. Recreation Health Form must accompany this registration form.

ELIGIBILITY: ALL CHILDREN AGES 5 through 14

WAIVER: I hereby, for myself, my child, my heirs, administrators and assigns, waive and release any and all rights and claims for damages I may have against the Bridgewater Recreation Commission, Town of Bridgewater, and any other organizations connected with this event, their representatives, successors, and assigns for any and all injuries my child may suffer while taking part in any activities connected with this event.

WE RESERVE THE RIGHT TO CANCEL YOUR REGISTRATION SHOULD THE RULES AND GUIDELINES OF THE PROGRAM NOT BE FOLLOWED.

NAME OF CHILD(REN) _____ DOB: _____ AGE: _____

_____ DOB: _____ AGE: _____

_____ DOB: _____ AGE: _____

MOTHER'S NAME: _____ WORK/CELL PHONE: _____

FATHER'S NAME: _____ WORK/CELL PHONE: _____

ADDRESS: _____

E-MAIL: _____

HOME PHONE: _____ CELL PHONE/BEEPER: _____

PERSON TO NOTIFY IN AN EMERGENCY: _____

EMERGENCY PHONE: _____ RELATIONSHIP: _____

IF INJURED, DO YOU HAVE A HOSPITAL PREFERENCE? IF SO WHICH ONE? _____

PARENT OR GUARDIAN SIGNATURE: _____

OVER >

NAMES OF PERSONS ALLOWED TO PICK UP CHILD(REN) OTHER THAN PARENT/GUARDIAN:

PHONE #: _____

PHONE #: _____

CAN YOU CHAPERONE FIELD TRIPS IF NEEDED? _____

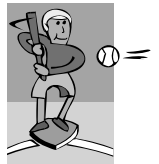
OTHER INFORMATION NEEDED BY STAFF (ALLERGIES, GUARDIANSHIP, MEDICAL , ETC.):
PLEASE NOTE: PERSONAL INHALERS AND EPI-PENS WILL BE KEPT ON THE FIELD BY THE DIRECTOR.

To register by mail please return this completed form, health form, \$ 5.00 non-refundable application fee and your registration payment for your child's first week attendance, and program attendance dates by **FRIDAY, JUNE 12, 2009**. Your child is registered unless you receive a call. See you on your first day!

Please circle days of attendance for your 1st week of attendance M-F M-W-F T-W-TH T-TH OTHER
and circle week(s) of attendance: Wk 1 Wk 2 Wk 3 Wk 4 Wk 5 Wk 6 Wk 7 Wk 8



Questions please call **508-697-8020**
MAIL TO:
BRIDGEWATER RECREATION
TOWN HALL - 64 CENTRAL SQUARE
BRIDGEWATER, MA 02324



MAKE CHECKS OR MONEY ORDERS TO: BRIDGEWATER RECREATION.

FOR OFFICE USE ONLY: PLEASE do NOT write in this section. Thank you.

Week	1	2	3	4	5	6	7	8
	Ju 29-Jl 3	Jl 6- 10	Jl 13-17	Jl 20 - 24	Jl 27 - 31	Au 3 - 7	Au 10 - 14	Au 17-21
M - F	_____	_____	_____	_____	_____	_____	_____	_____
M /W/ F	_____	_____	_____	_____	_____	_____	_____	_____
TU/ W/ TH	_____	_____	_____	_____	_____	_____	_____	_____
TU / TH	_____	_____	_____	_____	_____	_____	_____	_____
OTHER	_____	_____	_____	_____	_____	_____	_____	_____
PAID BY	_____	_____	_____	_____	_____	_____	_____	_____
RECEIVED:	_____	_____	_____	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____	_____	_____	_____
<u>FIELD TRIPS</u>	_____	_____	_____	_____	_____	_____	_____	_____
PAID BY	_____	_____	_____	_____	_____	_____	_____	_____
RECEIVED:	_____	_____	_____	_____	_____	_____	_____	_____
<u>\$5. 00 NON-REFUNDABLE</u> APPLICATION FEE: CASH OR CHECK # _____ REC'D (DATE) _____								

BRIDGEWATER RECREATION HEALTH FORM

Please fill out the safety precautionary form below and return it by the first day of the program. A physical examination is not required. Please fill in any information we may need in case of an emergency.

Name of Child(ren)

Date of Birth

_____	_____
_____	_____
_____	_____

Parent/Guardian Name: _____

Address: _____ Home Phone: _____

Work Phone: _____ Beeper #: _____

**** PLEASE BE AWARE WE DO NOT ADMINISTER MEDICATION ****

IN CASE OF EMERGENCY, NOTIFY:

1. Name: _____

Telephone: _____ Relationship: _____

2. Name: _____

Telephone: _____ Relationship: _____

FAMILY PHYSICIAN: _____

TELEPHONE: _____ ADDRESS: _____

IF INJURED, DO YOU HAVE A HOSPITAL PREFERENCE? _____

IF THERE ARE ANY OTHER INSTRUCTIONS OR PRECAUTIONARY MEASURES ABOUT YOUR CHILDREN THAT OUR COUNSELORS OR EMERGENCY PERSONNEL SHOULD BE AWARE OF, PLEASE STATE:

IN THE EVENT I CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GIVE PERMISSION TO THE PHYSICIAN, SELECTED BY THE ADULT LEADER IN CHARGE, TO HOSPITALIZE, ADMINISTER PROPER ANESTHESIA, OR TO ORDER INJECTION OR SURGERY FOR MY SON OR DAUGHTER.

SIGNATURE _____ DATE _____

PARENT OR GUARDIAN