

## 2018 February Vacation Registration Form

|   |                          |          |
|---|--------------------------|----------|
| Account Holder's Full Name  | Child's Full Name        |          |
| Account Holder's DOB  | Child's DOB              | Grade    |
| Street  | Town                     | Zip Code |
| Email:  | Home Phone:              |          |
| Account Holder's Cell:  | Account Holder's Work #: |          |
| Spouse's Name:  | Spouse's Cell:           |          |
| Emergency Name:   | Emergency's Phone #:     |          |
| Child's Medical or Physical difficulties/treatments/allergies: Please explain and add any helpful information.                                |                          |          |
| My child is allowed to walk/bike home after the activity? (No sign out required.)<br><div style="text-align: right;">Yes _____ No _____</div> |                          |          |
| Financial Assistance Requested?<br><div style="text-align: center;">Yes _____ No _____</div>  |                          |          |

### !!!!!!!!!!!!!!!!!!!!!!RELEASE & PICK UP INFORMATION!!!!!!!!!!!!!!!!!!!!!!

Your child will only be released to the account holder, spouse and emergency contact listed above and to the people listed here. Changes to this information must be filled out in person at the office by the parent/guardian. Notes sent in with the child/friend will **NOT** be accepted. **Photo ID required at pick-up.**

|                      |                      |
|----------------------|----------------------|
| Name, Address, Phone | Name, Address, Phone |
|----------------------|----------------------|

|   |          |
|---|----------|
| My child <b><u>MUST NOT</u></b> be released to the following person: ie. restraining orders |          |
| Name:   | Address: |

### PLEASE CIRCLE THE TRIP OR ACTIVITY OF YOUR CHOICE

| Tues, 2/20/18         | Wed, 2/21/18           | Thurs, 2/22/18            | Fri, 2/23/18          |
|-----------------------|------------------------|---------------------------|-----------------------|
| Ninja Warrior<br>\$22 | Chef for a Day<br>\$13 | Monster Mini Golf<br>\$17 | Nature Center<br>\$26 |
| Battlegroundz<br>\$29 | Movies<br>\$19         | Roller Skating<br>\$18    | Teamworks<br>\$20     |
| Extended Day<br>\$10  | Extended Day<br>\$10   | Extended Day<br>\$10      | Extended Day<br>\$10  |
| TOTAL                 | TOTAL                  | TOTAL                     | TOTAL                 |
| \$                    | \$                     | \$                        | \$                    |

**ASSUMPTION OF THE RISK, WAIVER & RELEASE OF LIABILITY. All participants and their guardians through participation in these programs acknowledge an assumption of risk of injury and agree to hold harmless, indemnify and release the Town of East Greenwich, its staff and volunteers from all liability. My signature acknowledges that I have read the flyer rules, regulations, refund policy and risk assumption and will abide by them.**

\_\_\_\_\_

**Parent/Guardian's Signature**
**Date**

Mailing address: EG Parks & Recreation Dept., PO Box 111, E. Greenwich, RI 02818  
 Make checks payable to East Greenwich Parks & Recreation