

## 2019 April 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, Physical, Emotional 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.) Yes _____ No _____		
Financial Assistance Requested? Yes _____ No _____		

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

Your child will only be released to the parents 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. Phone calls or notes sent in with the child/friend will **NOT** be accepted. **Photo ID required at pick up.**

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

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

Mon, 4/15/19	Tues, 4/16/19	Wed, 4/17/19	Thurs, 4/18/19	Fri, 4/19/19
Kidz Art \$16	Period Pastime \$18	Chepatchet Farm \$22	Rocket Science \$22	NB Whaling \$22
Adventureland \$30	Hall at Patriots Place \$23	Nature Detectives \$25	R1 Karting \$44	Bowling \$18
Extended Day \$10	Extended Day \$10	Extended Day \$10	Extended Day \$10	Extended Day \$10
TOTAL \$	TOTAL \$	TOTAL \$	TOTAL \$	TOTAL \$

All participants and their guardians, through participation in these programs acknowledge an assumption of risk of injury and release the town and its staff from all liability. My signature acknowledges that I have read the flyer rules, regulations and risk assumption and will abide by them.

\_\_\_\_\_

**Parent/Guardian's Signature**

\_\_\_\_\_

**Date**

Mailing address: EG Community Services & Parks Dept., PO Box 111, EG, RI 02818

Phone: 401-886-8626, ext. 1 TDD 886-8626 via RI Relay #711 (800-745-5555 TTY)

**Make Checks Payable to the Town of East Greenwich**