

2010 February Vacation Registration Form

Child's Last Name		Child's First Name	
Date Of Birth	Grade	Home Phone	
Street		Town	Zip Code
Mother's Name		Mother's Work/Cell #	
Father's Name		Father's Work/Cell #	
Emergency Name		Emergency Phone	
EG Residential Taxpayer? Yes _____ No _____			
Medical of Physical difficulties/treatments/allergies: Please explain and add any helpful information.			
My child is allowed to walk/bike home after the activity? 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. **Notes sent in with the child/friend will NOT be accepted.**

Name, Address, Phone	Name, Address, Phone

MY CHILD MUST NOT BE RELEASED TO THE FOLLOWING PERSON: ie. restraining orders	
Name:	Address:

PLEASE CIRCLE THE TRIP OR ACTIVITY OF YOUR CHOICE

Tues, 2/16/10	Wed, 2/17/10	Thurs, 2/18/10	Fri, 2/19/10
Prov. Child. Mus. \$19	Artist Exchange \$15	Boss Ice Arena \$15	Audubon Envir \$13
Wickford Lanes \$18	Rock Climbing \$24	Aim High Gymn. \$23	Roller-skating \$16
All Day \$9	All Day \$9	All Day \$9	All Day \$9
TOTAL	TOTAL	TOTAL	TOTAL
\$	\$	\$	\$
Check #:			Grand Total
Amount:			\$

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 Parks & Recreation Dept., PO Box 111, East Greenwich, RI 02818

Forms may be mailed/delivered prior to 2/01/10
Forms will not be opened until 2/01/10

Make checks payable to East Greenwich Parks & Recreation