



2020 FALL PAPER REGISTRATION FORM



One form per household. Please print clearly so we can accurately enter the information.
The Primary Account Holder (Head of Household) is the adult who will be paying for and signing up him/herself, custodial minor children and/or adult family members who reside at the same address.

| Primary Account Holder/Head of Household Information (please print) | | |
|---|-----------|-----------------------|
| First Name | | Last Name |
| Date of Birth | Gender | Email |
| Street | | City, State, Zip Code |
| Primary Phone | | Alt Phone |
| Medical Information: (ie. allergies, etc. please elaborate) | | |
| Emergency Contact (please print) List someone other than the HOH or Spouse as they will be contacted first. | | |
| Name | Phone No. | Relationship |

| ADULTS (18 & over) TO ADD TO YOUR ACCOUNT: Must have the same legal residence as Primary Account holder. All adults MUST sign the waiver at the end of the application. | | | |
|---|--------|-----------|-----------------|
| First Name | | Last Name | Check if Spouse |
| Date of Birth | Gender | Email | Phone |
| Medical Information: (ie. allergies, etc. please elaborate) | | | |
| | | | |
| First Name | | Last Name | Check if Spouse |
| Date of Birth | Gender | Email | Phone |
| Medical Information: (ie. allergies, etc. please elaborate) | | | |

| CUSTODIAL MINORS (under 18) TO ADD TO YOUR ACCOUNT: Same legal residence as Primary Account holder. | | | |
|---|--------|-----------|--|
| First Name | | Last Name | |
| Date of Birth | Gender | Grade | |
| Medical Information: (ie. allergies, etc. please elaborate) | | | |
| | | | |
| First Name | | Last Name | |
| Date of Birth | Gender | Grade | |
| Medical Information: (ie. allergies, etc. please elaborate) | | | |

| PICK UP AUTHORIZATION: IF YOU HAVE CHILDREN ENROLLED IN A CLASS WITH PARTICIPANTS YOUNGER THAN 7 th grade and it's NOT a parent participation class, then they are REQUIRED to be signed out after each class by you, your emergency contact or pre-authorized people listed here and must show a PHOTO ID each time. Please list below the people who will be allowed to pick up your child/children. <i>You do not need to list the Primary Account Holder's name or the Emergency Contact's name as they will be allowed to sign out your child. Please include any other parent, spouse, sibling, neighbor, grandparent, sitter, or nanny who will be picking up your child.</i> If the name does not appear here, then your child WILL NOT be released to him/her. Changes to this information must be filled out in-person at the office or with the head instructor by the Parent/Guardian. PHONE CALLS AND NOTES SENT IN WILL NOT BE ACCEPTED. Please plan ahead. | |
|--|-------|
| First & Last Name | Phone |
| First & Last Name | Phone |
| First & Last Name | Phone |

WALKER'S PERMISSION

My child/children _____ are allowed to walk or bike home after the
List child/children's name
 activity- Yes _____ No _____ If you indicate yes, then no one will be required to sign out your child.

PHOTO RELEASE

Occasionally the Town or the media will take photographs or video of programs, classes, or events to use in promotion of and/or in publications promoting the Department and its programs in various media genre including social media. I will allow photographs or videos to be taken of myself and/or my child(ren). Yes _____ No _____

SPECIAL CONSIDERATIONS-Let us know about any special circumstances we should be aware of. (ex. Financial need)

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|--|
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CLASS INFORMATION-List below the classes you wish to sign up for.

| Participant's Name | Program Name | Session (I, II) | Day | Time | Fee |
|--------------------|--------------|-----------------|-----|------|-----|
| | | | | | |
| | | | | | |
| | | | | | |

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. Without in any way limiting the scope of the foregoing assumption of risk and waiver & release of liability, all participants specifically acknowledge, assume, and release the Town from any and all liability that is any way related to risks resulting from the COVID-19 novel coronavirus pandemic. My signature acknowledges that I have read the flyer rules, regulations, refund policy and risk assumption and will abide by them.

Participant's Signature _____ Date _____
 (Parent or guardian must sign if under 18)

2nd Adult Participant's Signature _____ Date _____

Make Checks Payable to Town of East Greenwich

MAILING ADDRESS:
 Town of East Greenwich
 Parks & Recreation Dept.
 PO Box 111
 East Greenwich, RI 02818

OFFICE LOCATED AT: 1127 Frenchtown Rd.

REGISTRATION BEGINS

Wednesday,
 August 26, 2020
 at 8:45am

BE SURE TO GET YOUR
 ONLINE ACCOUNT SET UP
 OR THIS FORM TO THE
 OFFICE PRIOR TO
 8/26/20