DEEP RIVER PARK AND RECREATION'S SUMMER YOUTH PROGRAM
2008 REGISTRATION FORM

Child's Name _____Age _____ Entering Grade _____
Parent or Guardian's Name _____
Address_____
Home Tel _____Work Tel _____Cell Tel_____

Please list two people we can contact in case of emergency:

Name _____ Home Tel _____Work Tel _____Cell Tel_____
Name _____ Home Tel _____Work Tel _____Cell Tel_____

The following people have my permission to sign my child out:

Name _____ Home Tel _____Work Tel _____Cell Tel_____
Name _____ Home Tel _____Work Tel _____Cell Tel_____

X	Dates	Field Trips or Special Events*	Fee**	Total
	Jun 30—Jul 3	Mad Science & Treasure Hunt	$35.00	
	Jul 7 – Jul 11	Bowling Alley & Sweet Shoppe	$35.00	
	Jul 14 – Jul 18	Mini Golf & Tie Dye	$35.00	
	Jul 21 – Jul 25	Land & Sea Animal Adventures	$35.00	
	Jul 28- Aug 1	Magic Show & Laser Tag	$35.00	
	Aug 4 – Aug 8	Inflatable Slip and Slide & Nappy Puppets	$35.00	
Total				

* Field Trip and Special Events are on Wednesdays unless otherwise noted.
** $35.00 for 1st child per week and $25.00 for each additional child per week

Swimming Level: non-swimmer novice intermediate advanced

Are you interested in volunteering for field trips or arts/crafts? Yes or No

Medical Information:
Name of Physician _____ Phone _____
Name of Dentist _____ Phone _____

Please list any special conditions such as allergies, medications, medical conditions, dietary restrictions, etc…

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I verify that my child has received all immunizations that are required by the State of CT for participation in this program. I give permission for D.R.P.R. staff to seek medical attention in the event that neither my child's physician nor I can be contacted in case of an emergency.

_____ _____
Signature of Parent/Guardian Date

I hereby give permission for my child to participate in the activities planned and organized by the Summer Program staff, including weekly field trips. I agree that the Town of Deep River, Park and Recreation Commission Members and Summer Program employees are not liable, beyond its coverage for actual expenses incurred, for treatment of injuries that occurred solely due to actual negligence by the town of Deep River, Park and Recreation Commission, or its staff.

_____ _____
Signature of Parent/Guardian Date

I understand that I am responsible for adhering to the hours of **9:00 a.m. to 12:00 p.m. for drop off and pickup** at D.R.E.S. or Plattwood Park. I understand that good conduct is expected and withdrawal from the program may be required if child can not adjust to program.

_____ _____
Signature of Parent/Guardian Date