

**DEEP RIVER PARKS AND RECREATION SUMMER WORKSHOP
2011 REGISTRATION FORM**

CHILD'S NAME:

ENTERING GRADE:

PARENT/GUARDIAN NAME(S):

BIRTH DATE:

ADDRESS:

E-MAIL ADDRESS:

PHONE (CELL):

PHONE (HOME):

PHONE (WORK):

ALLERGIES OR SPECIAL CONDITIONS:

DATES	WORKSHOP	Cost	Materials Fee	Amount
July 11 - July 14	Printmaking	\$45.00	\$8.00	
July 18 - July 21	Cooking with Thomas	\$45.00		
July 25 - July 28	Treehouse Players	\$45.00		
Aug 1 - Aug 4	Barking Frog Farm	\$45.00	\$10.00	
Aug 8- Aug 11	Valley Shore Marital Arts	\$45.00		
TOTAL AMOUNT DUE:				

EMERGENCY CONTACTS: NAME:
PHONE:

NAME:
PHONE:

THE FOLLOWING PEOPLE
MAY SIGN MY CHILD OUT:

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. Please list child's physician below.

Parent/Guardian:

Date:

Doctor's Name:

Doctor's Phone:

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

Parent/Guardian:

Date:

I understand that I am responsible for adhering to the hours of operation that I have signed up for. Drops off of more than 5 minutes prior to or pickups more than 5 minutes after regular scheduled camp hours will result in a fine of \$5.00 for every 5 minutes that you are late.

Parent/Guardian:

Date: