

Summer Recreation Program Registration Form

I _____ (parent, guardian) understand the intent of the Chesterfield Parks & Recreation Department's Summer Recreation Program and will cooperate with the Director and Recreation Staff.

Name _____ Age _____ Phone # _____

Name _____ Age _____ Phone # _____

Name _____ Age _____ Phone # _____

Address: _____ City: _____ Zip: _____

Emergency Contact: _____ Relationship: _____ Emergency # _____

Mother's Name: _____ Phone # _____ Father's Name: _____ Phone # _____

Doctor's Name: _____ Phone # _____

Allergies or Other Medical Conditions: _____

Mode of Transportation: Walk, Bike, Parent, Friend (Please circle one) Other: _____

If you will be car pooling, who do you give permission to drop off or pick up your children: _____

Registration Fees:

Please indicate registration option as well as the number of children attending. If you do not choose the season pass, you must indicate the days and / or weeks your child / children will be in attendance and pay in advance.

___ **3 Day-Full Season: \$420.00.** (Tues, Wed & Thur) Each additional child (per family) is \$210.00. ___ # of children _____

___ **3 Day-Week: \$75.00 per child.** (Tues, Wed & Thur) Week #'s Attending _____ # of children _____

___ **5 Day-Full Season: \$700.00.** Each additional child (per family) is \$350.00. ___ # of children _____

___ **5 Day-Week: \$125.00 per child.** Week #'s Attending _____ # of children _____

___ **Per Day: \$40.00 per child.** Days / Dates Attending _____ # of children _____

___ **Early Drop-off / Late Pick-up: \$12.00 per child-** Days/Dates Needed _____

(Early Drop-off / Late Pick-up can be decided and paid for on a weekly basis the week prior to the need)

___ **Non-Resident 3 Day- Full Season: \$700.00** Each additional child (per family) is \$350.00. ___ # of children _____

___ **Non-Resident 5 Day- Full Season: \$1,200.00** Each additional child (per family) is \$600.00. ___ # of children _____

Please make checks payable to the Town of Chesterfield Parks & Rec. Dept. ***Amount Enclosed _____

Please be sure to apply Sun Screen adequately and liberally to your child/children 30 minutes prior to arriving at the Rec. Program.

Chesterfield Parks & Recreation
Permission Slip

NAME OF PARTICIPANT _____ My son/daughter has permission to participate in the Chesterfield Parks and Recreation Department's program. I hereby waive, for myself and my child, the right to assert any claim arising out of injury to the child due to participation in, preparation for, or travel to and from any recreation sport or activity, I acknowledge that participation in the sport or activity authorized comes with certain risks which are hereby assumed. I relinquish any right which I or my child might otherwise have for payment of medical costs or other losses beyond whatever insurance I may have.

I hereby authorize the Director, Recreation Program Leader, staff and volunteers of the Chesterfield Parks & Recreation Department to act for me, according to their best judgment, in any emergency requiring medical attention.

Signature of Parent / Guardian