

VACA-PLAYDAYS: _____ (month)
Registration Form _____ (program dates)

CHILD INFORMATION

Name: _____ Gender: _____ DOB: _____ Grade: _____
School: _____

PARENT/GUARDIAN INFORMATION

Name: _____ Address: _____
Home Phone: _____ Alter. Phone : _____
E-Mail: _____

EMERGENCY CONTACTS: 2 PLEASE

Primary:

Name: _____ Phone: _____
Relationship: _____

Secondary:

Name: _____ Phone: _____
Relationship: _____

MEDICAL INFORMATION:

Physician Name: _____ Address: _____ Phone: _____
Health Issues, Allergies, Medications: _____
Insurance Co.: _____ Policy #: _____

IDENTIFYING FEATURES:

Please provide us with a picture of your child.

Sex _____ Height _____ Weight _____
Eye Color _____
Hair Color _____
Birthmarks _____
Ethnicity _____

FEES:

Please make checks payable to: Town of Lincoln

# of <i>Playdays</i>	4 days	\$275.00
	3 days	\$215.00
	2 days	\$155.00
	Non-Resident Fee (NR)	\$15.00
	Early Bird Discount (<i>Before February 5</i>)	-\$25.00
	Sibling Discount (<i>Addtl. Siblings after 1</i>)	-\$15.00

TOTAL = _____

CONSENT & RELEASE

I, the undersigned, as a legal adult or parent/legal guardian of a minor, do hereby consent to my child's participation in the Lincoln VACA-PLAYDAYS program sponsored by the Town of Lincoln Recreation Department and partnered by LEAP (Lincoln Extended-day Activities Program). I also agree to forever release the Town of Lincoln, Lincoln Recreation Committee, LEAP, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in the Lincoln VACA-PLAYDAYS program from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to myself/my child or property damage resulting from my child's participation in the Lincoln VACA-PLAYDAYS program. I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, from personal injuries to myself/my child or property damage resulting from my child's participation in the Lincoln VACA-PLAYDAYS program. I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation in this program is voluntary and that my child is free to choose not to participate in said program. By signing this Form, I affirm that I have decided to allow my child to participate in the Lincoln VACA-PLAYDAYS program with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage I/my child may suffer in the voluntary Lincoln VACA-PLAYDAYS program.

Parent Signature: _____ Date: _____

For Office use Only:

Balance Received: _____ Check #: _____ Date: _____