

KICKBALL



BES 3:15-4:30

GRADES: K-5th Thursday's May 10th, May 17th, May 24th, May 31st, June 7th Cost: \$45.00

PLEASE SEND REGISTRATION FORM BELOW AND CHECK TO PARK & RECREATION NO LATER THAN ONE WEEK PRIOR TO THE START OF PROGRAM. SPACE IS LIMITED! A NOTE TO YOUR CHILD'S TEACHER STATING ATTENDANCE IS REQUIRED! **STUDENT MAY NOT STAY FOR THE PROGRAM IF THEY DO NOT HAVE A NOTE.**

No make ups.

BETHLEHEM PARK & RECREATION REGISTRATION FORM

REGISTRATION INFORMATION: ALL REGISTRATIONS AND PAYMENTS FOR PROGRAMS MUST BE RECEIVED IN ADVANCE. MAKE CHECKS PAYABLE TO BETHLEHEM PARK & RECREATION, P.O. BOX 160, BETHLEHEM CT 06751. I GIVE PERMISSIN FOR MY CHILD/SELF TO TAKE PART IN THE BELOW NAMED ACTIVITY. BY SIGNING THIS FORM, I WAIVE ALL CLAIMS AGAINST THE TOWN OF BETHLEHEM, PARK & RECREATION DEPARTMENT, AND ALL PERSONNEL FROM ANY LIABILITY FOR INJURIES, LOSS, OR OTHER CLAIMS RESULTING FROM PARTICIPATION IN THIS ACTIVITY. IF I CANNOT BE REACHED, I GIVE PERMISSION TO THE ATTENDING PHYSICIAN, PROGRAM SUPERVISOR, OR HOSPITAL TO SECURE PROPER TREATMENT FOR MY CHILD OR MYSELF.

PROGRAM REGISTERING FOR: _____

SIGNED PARENT/GUARDIAN/SELF: _____ DATE: _____

PARTICIPANTS NAME: _____ DOB: _____

AGE: _____ SEX: _____ GRADE: _____ FEE: _____

ADDRESS: _____ TOWN: _____

PHONE: _____ EMERGENCY PHONE: _____

EMAIL ADDRESS: _____

ANY MEDICAL CONDITIONS THE RECREATION DEPARTMENT SHOULD BE AWARE OF?

PLEASE LIST NAMES OF ADULTS WITH PERMISSION TO PICK CHILD/CHILDREN
UP _____