



Manchester Summer Playground Registration & Medical Release

One form per child

CHILD'S NAME _____
(LAST) (FIRST)

BIRTH DATE ____/____/____ GENDER _____ AGE (AS OF 6/22/11): _____

GRADE ENTERING (FALL 2011): _____ SCHOOL (FALL 2011): _____

STREET ADDRESS _____

EMAIL ADDRESS: _____

MOTHER/GUARDIAN NAME _____ HOME PHONE _____

CELL PHONE _____ BUSINESS PHONE _____

FATHER/GUARDIAN NAME _____ HOME PHONE _____

CELL PHONE _____ BUSINESS PHONE _____

ALTERNATE EMERGENCY CONTACT NAME _____ EMERGENCY PHONE _____

PLAYGROUND INFORMATION

1. Registration fee includes a Summer Playground t-shirt, which must be worn on all field trips.
2. The registration fee does not include fees for special events, trips, or other related activities.
3. The **registration fee is non-transferable and non-refundable** once the child has been registered for the program, whether or not the child has attended the program.

PAYMENT INFORMATION:

Registration fee 1 st child:	\$210.00
Registration fee 2 nd child:	\$210.00
Registration fee 3 rd child:	\$115.00
Registration fee 4 th child or more:	FREE
Non-Resident child:	\$275.00

To help other Manchester children attend this program, please consider making a tax deductible donation to the Manchester Summer Playground. Please make checks payable to **Manchester Parks & Recreation**

Donation amount (if any): _____
Total (including donation): _____

Payment Method: Cash Amount: _____ Check Amount: _____ Check#: _____

Credit Card #: _____ **Exp Date:** _____

CCV/CID # _____ (last 3 digits on back of card)

Name of Credit Card: _____

Please turn over and fill out waivers and medical information.

MANCHESTER SUMMER PLAYGROUND PARTICIPANT PERMISSION

MILLION WORD ESSAY

Please tell us about your child in a million words or less (Examples might include talents, hobbies, life in general, anything that will help us work with your child.) This activity gives you the opportunity to tell us what you think we should know about your child. **Responses are confidential.**

WAIVER OF DAMAGES AND RELEASE OF CLAIMS:

*In consideration for my child's participation in program sponsored by the Town of Manchester-by-the-Sea (the "Town"), I hereby release and discharge the Town, its employees and agents from any and all claims for personal injury or other damage that my child might sustain or that might occur in the future as a result of my child's participation in the **Manchester Summer Playground**. Further, I agree to indemnify the Town, its employees and agents for any loss, damages or costs, including attorney's fees, which the Town may have to pay if any claims arise from said participation in the **Manchester Summer Playground**.*

MEDICAL INFORMATION:

In the event of an emergency, medical attention cannot be given unless verbal or written consent is given by the child's parent or guardian to the doctor(s). In the event that we are unable to contact a parent or guardian, we ask that you sign below if you are willing to let the Playground staff give this permission. This medical release will cover all Playground activities, including both day and evening sessions as well as all trips. I hereby authorize the Manchester Summer Playground, through its staff and local hospital, to act in the best interest of my son/daughter in the event of injury or the need for immediate medical attention.

Does your child have any special issues or health concerns that might affect their experience (allergies, physical challenges or social emotional issues): _____

Does your child take any medication? _____

Reason for taking: _____ Exact Time Administered: _____ Dosage: _____

Possible Side Effects/Adverse Reactions: _____

Does your child have an Epi Pen? Yes _____ No _____

Does your child have an Inhaler? Yes _____ No _____

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date _____