

SARDINIA RECREATION

Resident	()	x\$30.00
Non-Resident	()	x\$75.00
Total	\$	_____
Cash or Check #		_____
Receipt #		_____

Childs Name _____ Date of Birth ____/____/____

Address _____

Sex: Male / Female (Circle Appropriate)

Parent/Guardian Name _____

Phone # _____

Email Address _____

Emergency Contact Details

In the event of an emergency relating to your son/daughter please provide information below for an alternate contact.

Adult Emergency Contact Name _____

Contact Telephone Number _____

Is this person allowed to pick up your child: YES / NO

Can your child either walk or ride their bike home: YES / NO

Medical Information

Are there any medical conditions (i.e. allergies, epilepsy, asthma, diabetes, travel sickness etc.) which we should be aware of?

Please give any details of special dietary needs we should be aware of (e.g. food allergies)

I agree to my son/daughter participating in activities and outings organized by Sardinia Recreation. I understand that every care will be taken to ensure the health, safety and welfare of my child. I realize and accept that in the event of my child's behavior adversely affects the safety or discipline of the program my child may be not allowed to continue in the program. I have read the Parent Handbook regarding the Sardinia Summer Recreation Program and I am aware of the procedures and protocols.

Name _____ Signature _____

Date ____/____/____