

Manchester Parks and Recreation Summer Playground Registration

Please Check One: Full Registration Guest \$25 Per Day (____Day(s))

Child's Name _____
(LAST) (FIRST)

Gender ____ D.O.B. ____ / ____ / ____ Age ____ Grade (Fall 2018) ____ School (Fall 2018) _____

Street Address _____ Town _____ Zip Code _____

Mother/Guardian Name _____ Home Phone _____

Cell Phone _____ Business Phone _____

Father/Guardian Name _____ Home Phone _____

Cell Phone _____ Business Phone _____

Emergency Contact _____ Relationship _____ **Preferred Phone _____

Email Address _____

Same
As
Sibling
Form -
Please
Check
Box

Payment Information: *Resident rate applies to Manchester residents and/or those children who attend school in the Town of Manchester*
Resident Fee: 1st Child in Household - \$245 2nd Child in Household - \$245 (\$490) 3rd Child in Household - \$140 (\$630) 4th - Free

Non-Resident Fee: 1st Child in Household - \$299 2nd Child in Household - \$299 (\$598) 3rd Child in Household - \$140 (\$748) 4th - Free

To help other Playgrounders attend this program, please consider making a tax deductible donation to the Manchester Summer Playground.

Donation Amount (if any): _____

Checks payable to **Town of Manchester**

Payment Method: Cash Amount: _____ Check #: _____ Total (including donation): _____

Credit Card MC/Visa: _____ Exp Date: _____ CVV/CID# _____

Name on Credit Card: _____

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/registration form will cover all Playground activities. By signing below, 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/health concerns that can affect their experience (allergies/physical challenges/social emotional issues)
Does your child take any medication or use an inhaler? Does your child have an **Epi Pen**?

I give my son/daughter permission to walk or bike home from the Morning and Night Program.

Comments: _____

Waiver of Damages and Release of Claims: In consideration for my child's participation in a 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**.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____