

**Stafford Recreation Commission Summer Program**  
*Recreation program and/or Swimming Lessons Registration*

(FRL)

Child's Name	Birth Date	Age
Address	Grade Entering in August	School Attending
Name of Parent / Guardian		
1st phone #	2nd phone #	

**ANY MEDICAL PROBLEMS (Allergies, handicaps, etc.): detail on bottom of form**

**Listed below is anyone that has your permission to sign out your child.**

Name:	Phone number:

**Waiver & Medical Release** - I recognize that there are inherent risks in participating in any recreational or sports activity. In consideration of your accepting this entry, I hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the Town of Stafford or Stafford School District and its representatives, successors and assigns for any and all injuries suffered by myself or my child during participation in the registered activity. In case of an accident occurring during my or my child's participation I hereby grant permission to the Town of Stafford to utilize any emergency medical care it deems necessary to treat any injuries suffered by myself or my child. I hereby give my permission for my child to participate in the Stafford Summer Recreational activities sponsored by the Town of Stafford.

Signature	Relationship to child	Date
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**(Recreational Staff Use Only)**

Cash or Check #	Amount	Date

**\$50.00 Swimming Lesson Fee      \$200 Recreation Camp Fee      (No Refunds)**

**Swimming Level: \_\_\_\_\_      Swimming Session: \_\_\_\_\_**

**July 9, 2018 – July 20, 2018**

**July 23, 2018 – August 3, 2018**

**PLEASE BRING THIS FORM WITH YOU TO REGISTRATION.  
DO NOT SEND THIS TO YOUR SCHOOL AND DO NOT MAIL IT  
 For more information go to, [\*\*WWW.STAFFORDSPORTS.ORG\*\*](http://WWW.STAFFORDSPORTS.ORG)**