Stafford Recreation Commission Summer Program (FRL)

Recreation program and/or Swimming Lessons Registration

_____ _____ _____

Child's Name Birth Date Age

_____ _____ _____

Address Grade Entering in August School currently 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

(Recreational Staff Use Only)

Cash or Check #	Amount	Date

$50.00 Swimming Lesson Fee **$200 Recreation Camp Fee**

Swimming Level: _____ **Swimming Session: _____**

July 8, 2019 – July 19, 2019

July 22, 2019 – August 2, 2019

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***