



# RADISSON SUMMER RECREATION PROGRAM REGISTRATION – 2018

3128 Amesbury Drive \* Baldwinsville, New York 13027 \* p. 315- 635-7171 \* f. 315-635-7182 \* www.radissoncommunity.org

**ONE FORM PER CHILD ❖ INCOMPLETE FORMS WILL NOT BE PROCESSED**

**COST: \$75/child \$120/\*family (cash or check payable to RCA)**

**\*FAMILY RATE is applicable only to participants residing at the same address\***

**LOCATION: Kerri Hornaday Memorial Park**

**DATES: June 25 – July 27 (Mon-Fri)**

<b>K – 1<sup>ST</sup> Graders: 9am – 11am</b>	<b>2<sup>ND</sup> – 7<sup>TH</sup> Graders: 9am – NOON</b>
<b>CAN NOT</b> check-in/out without an adult <b>MUST</b> be potty trained <b>AND</b> 5 years of age by 12/1/2018 <b>NO EXCEPTIONS</b> to any of these requirements	<input type="checkbox"/> <b>Check here if participant can check-in/out alone.</b> This allows participant to come and go ANYTIME during the program. In the case of inclement weather, participant would be sent home.

PARTICIPANT'S NAME: \_\_\_\_\_ Corp Park Member Employer: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE IN FALL: \_\_\_\_\_  BOY  GIRL

ADDRESS: \_\_\_\_\_ City/Zip if non-resident: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ AltPhone: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ AltPhone: \_\_\_\_\_

eMAIL ADDRESS: \_\_\_\_\_

<b>EMERGENCY INFORMATION - We will attempt to contact parents first. An additional local backup contact is required.</b>	
CONTACT'S NAME: _____	RELATION TO PARTICIPANT: _____
ADDRESS: _____	PHONE: _____ AltPhone: _____
PHYSICIAN: _____	PHONE: _____
Medical Concerns/Allergies/Special Needs: _____	
_____	

**PARTICIPANT MAY BE RELEASED TO** (i.e. babysitter, neighbor, etc.)

NAME	ADDRESS	PHONE

**Waiver Agreement:** I hereby give my consent for the above named applicant to participate in the Radisson Summer Recreation Program. I further release and agree to hold harmless the Radisson Community Association, Inc. ("RCA"), its employees, agents, representatives and any volunteers from any and all injury, claims, and liabilities whatsoever that might be incurred as a result of participation in said program. I further grant the RCA, its employees, agents, representatives and any volunteers or emergency medical personnel permission to provide my child/participant with emergency or medical treatment should that become necessary. **I give permission for photos taken during the program to be used by RCA.** (Submit written notice to revoke permission.) I have read this document carefully, understand its terms, and voluntarily sign it understanding its significance. **Refunds/Fees:** Refunds allowed only until second day of program. **\$10** processing fee on all refunds. Returned check fee, **\$30**. Exceptions to policy must be granted by the RCA Executive Director. **\*RESIDENTS: Sign up online to get eMails about program updates, including cancelations.**

PARENT/GUARDIAN SIGNATURE: _____		DATE: _____	
RCA USE ONLY:	SPLIT _____	ROSY: _____	
DATE REC'D: _____	CHECK/CASH #: _____	AMT PAID: _____	STAFF: _____ # _____