

Gorham Recreation Department
BEFORE & AFTER THE BELL
2015-2016 REGISTRATION FORM

Participants Name: _____
 Grade: _____ School: _____ Teacher _____
 Home Address: _____ Date of Birth: _____
 Email Address _____ Home Phone: _____
 Parent Name: _____ Parent Name: _____
 Place of Work: _____ Place of Work: _____
 Work Phone: _____ Cell: _____ Work Phone: _____ Cell: _____
 Person to contact in case of an emergency and parents cannot be reached:
 Name: _____ Relationship to Student: _____
 Day Phone: _____ Cell Phone: _____
 Student's Physician: _____ Phone: _____
 In case of emergency, preferred hospital: _____
 Please list any physical or behavioral limitations/restrictions, allergies/medications or any special needs: _____
 Please list any other comments: _____

<u>BEFORE THE BELL</u>	Daily Fee: \$15 /day
<i>Circle days attending:</i> Monday Tuesday Wednesday Thursday Friday	
<u>AFTER THE BELL</u>	Weekly fee: \$80.00 Daily Fee: \$18.00/day
<i>Circle days attending:</i> Monday Tuesday Wednesday Thursday Friday	
<u>BEFORE & AFTER THE BELL</u>	Weekly fee: \$105.00 Daily Fee: \$29.00
<i>Circle days attending:</i> Monday Tuesday Wednesday Thursday Friday	

Non-refundable registration fee required to reserve spot: \$35.00 .

The undersigned hereby releases and holds harmless the Town of Gorham, Gorham Recreation Department and its agents and employees from and against any and all claims, suits, actions and damages arising out of, connected with, or resulting from my child's participation in these Gorham Recreation Programs. Further, I understand that there are inherent risks and dangers in participating in these programs and I accept the responsibility to provide accident insurance for my child including ambulance transportation if necessary. I understand the Gorham Recreation Department may take pictures and/or videos of program participants that may appear in future promotional materials.

* Gorham Recreation Department does not do multi billing for the above said child and the undersigned is responsible for the full amount due. If payment is not received by due date, the undersigned will be subject to paying late fees.

Parent Signature: _____ Date: _____