

BENNET ROCKS INTRAMURAL AFTERSCHOOL PROGRAM REGISTRATION FORM

MUST BE FILLED OUT COMPLETELY TO HOLD REGISTRATION SPACE

Child's Last Name	Child's First Name
Sex	Date of Birth
Address	Home Phone
Mother's Name	CELL PHONE
Father's Name	CELL PHONE
Work Phone	Work Phone
Emergency Contact Name (other than parent/guardian):	Emergency Contact Phone (other than parent/guardian):

HEALTH INSURANCE: _____ **POLICY #** _____ **Hospital Preference:** _____

HEALTH HISTORY - Please list any health issues your child has that we should be aware of.
DETAILS OF ABOVE:

PLEASE ALLOW MY CHILD TO *(Please select one of the following):*

Walk Home: Yes No **Take Late Bus (4:15pm):** Yes No **Parent Must Sign Out:** Yes No

PARENT OR GUARDIAN AUTHORIZATION

The above information is correct so far as I know. The person named above has permission to participate in all activities except as noted by the examining physician or myself. If I can't be reached in an emergency, I hereby give permission to the physician selected by the recreation staff to hospitalize, secure, give proper medical treatment and order injection, anesthesia for surgery for the person named above. The Town of Manchester is not responsible for any condition or situation of which they are not informed. Additionally, I the undersigned do hereby waiver and hold harmless the Town of Manchester, it's employees and agent, from any personal or property damage I or any child may incur while participation in this activity. I also understand the Town of Manchester does not provide accident or health insurance.

Signature: _____ **Date:** _____

Please place a 1 in the box for your child's first activity choice for each session, a 2 in the box for your child's second activity choice for each session and a 3 in the box for your child's third activity choice for each session. If a 2nd or 3rd choice is not indicated then we will assume that child does not want to participate in an activity for that session if they are not selected for their 1st choice. Participants are not required to participate in all sessions. You can choose multiple activities and multiple sessions.

SESSION 1	Select 1 st choice, 2 nd choice, 3 rd choice for Session 1.	SESSION 2	Select 1 st choice, 2 nd choice, 3 rd choice for Session 2.	SESSION 3	Select 1 st choice, 2 nd choice, 3 rd choice for Session 3.	SESSION 4	Select 1 st choice, 2 nd choice, 3 rd choice for Session 4.
Soccer (M/W)		Wiffleball (M/W)		Floor Hockey (M/W)		Kickball (M/W)	
Drill (M/W)		Cheerleading (M/W)		Cardio Combo (M/W)		Double Dutch (M/W)	
Dodgeball (T/Th)		Basketball (T/Th)		Lacrosse (T/Th)		Flag Football (T/Th)	

Please see other side for Session Dates and Registration Postmark Dates.