

Office Use Only: Fees Paid _____ Received By _____ Cash _____ Check _____

**ROLESVILLE PARKS & RECREATION DEPARTMENT
REGISTRATION FORM
November-December 2011**

Participant: _____ Activity _____

Session Date & Time: _____

Participant Age: _____ Birthdate: _____ Grade: _____

Parent/Guardian Name: _____

Street Address, City, Zip: _____

Phone (H): _____ (W): _____ (C): _____

Emergency Contact: _____

Email address: _____

Allergies/Medical Info: _____

FEES

Multiplication Madness	\$50	(3-days)
Mini-Multiplication Madness	\$30	(3-days)
Sight Word Safari Camp	\$100	(4-days camp)
5-week Reading Learning Lab	\$100	(5-weeks)
Sight Words, Stories, & Snacks	\$45	(4-week Holiday session)
Phonics Fun	\$45	(4-week Holiday session)

WAIVER

I hereby assume all risks and hazards incidental to such participation in and transportation to and from the activities. I release, above, and indemnify the Town of Rolesville, employees of the Town, volunteers, contractors, instructors, and/or sponsors from all risks and hazards associated with the activities and in the event of injury or damage to property, do expressly waive all claims against them. I certify that I have read and agree to the terms stated above and that the information is correct to the best of my/our knowledge.

PHOTO RELEASE

I am aware that my child's photo, artwork, and/or name may be used by the Town of Rolesville in promotional, news, or informational media. I hereby give permission to the Town of Rolesville to video/take photos during any activities and to use my child's name and video/ photo for any Town of Rolesville publications. Yes No

Signature

Date