

SUMMER PLAYGROUND REGISTRATION 2016

Directions:

1. Please fill out this form completely. Incomplete forms will be returned un-processed holding up your registration.
2. Please include proof of residence. (i.e. license or tax bill).
3. Please make checks payable to **"Treasurer, Town of Branford"** There is a **\$25 return check fee.**

Household Name: _____ Home Phone: (____) _____

Address: _____ City: _____

Email Address: _____

Mother's Name: _____ Home: _____ Work: _____ Cell: _____

Father's Name: _____ Home: _____ Work: _____ Cell: _____

Emergency Contact: _____ Home: _____ Work: _____ Cell: _____

CHILDS NAME: _____ **DOB:** _____ **GRADE:** _____

PLAYGROUND CHOICE: _____ **\$400**

BEFORE CARE: YES/NO Fee: \$125 **LAKE COMPOUNCE: YES/NO Fee: \$50**

AFTER CARE: YES/NO Fee: \$175 **TOTAL CHILD 1:** _____

CHILDS NAME: _____ **DOB:** _____ **GRADE:** _____

PLAYGROUND CHOICE: _____ **\$400**

BEFORE CARE: YES/NO Fee: \$125 **LAKE COMPOUNCE: YES/NO Fee: \$50**

AFTER CARE: YES/NO Fee: \$175 **TOTAL CHILD 2:** _____

CHILDS NAME: _____ **DOB:** _____ **GRADE:** _____

PLAYGROUND CHOICE: _____ **\$400 (3rd child is \$300)**

BEFORE CARE: YES/NO Fee: \$125 **LAKE COMPOUNCE: YES/NO Fee: \$50**

AFTER CARE: YES/NO Fee: \$175 **TOTAL CHILD 3:** _____

GRAND TOTAL: _____

Release of Liability: I waive all rights and release all claims that might be held against the Town of Branford, the Branford Recreation Department, its officials, representatives, agents, employees, and its hired or contracted instructors, their employees and agents, for any and all injuries or losses which may be suffered because of my participation of my child's or my children's participation in the above activities that are offered by the Town of Branford, in consideration of permission of the district to participate in the activity. The signer hereby certifies to the Town of Branford and the Recreation Department Staff that the participant is in good mental, physical and health condition and is able to participate in said activities listed above. In addition, I have read the refund policy in the program brochure and agree to its terms and conditions.

Parent/Guardian Signature: _____ **Date:** _____

For office use only:

Date: _____ **Cash:** _____ **Check#:** _____ **Initials:** _____

Credit Card: (Please Circle): Visa or Master card

Exp. ____ / ____ **Card #:** _____