

City of Milford Recreation Department

FALL ADAPTIVE PROGRAM REGISTRATION

<input type="text"/> First:	<input type="text"/> Last:	<input type="text"/> Date of Birth:	<input type="text"/> Current Age:
<input type="text"/> Street:	<input type="text"/> City:	<input type="text"/> Zip:	
<input type="text"/> Email:		<input type="text"/> Physician:	
<input type="text"/> Home Phone:	<input type="text"/> Work Phone:	<input type="text"/> Cell Phone:	
<input type="text"/> Emer Phone:	<input type="text"/> Emer Contact:		
<input type="text"/> School:	<input type="text"/> Grade:	<input type="text"/> Teacher:	

Please list any special information you have about your child. Please explain: (Medications, hearing, eyeglasses, Allergies, etc.)
information will remain strictly confidential.

Circle Requested Session

Program	Location	Day(s)	Times	Session 1	Session 2	Fee	PMT	BY:
Karate	Margaret Egan	Monday	5:30-6:30PM	9/21-10/26	11/2-11/30	\$50		
Ballet	Margaret Egan	Tuesday	4:00-4:45PM	9/22-11/24	N/A	\$100		
Let's Dance	Margaret Egan	Tuesday	4:45-5:30PM	9/22-11/24	N/A	\$100		
Acting	Margaret Egan	Tuesday	5:30-6:15PM	9/22-11/24	N/A	\$100		
Musical Theatre	Tri-Beach NC	Wednesday	4:00-5:30PM	9/23-11/25	N/A	\$200		
Basketball	Tri-Beach NC	Saturday	11:30-12:30PM	9/19-12/5	N/A	\$132		
Swim 1	Foran Pool	Sunday	3:00-4:00PM	9/20-10/18	10/25-11/22	\$60		
Swim 2	Foran Pool	Sunday	4:00-5:00PM	9/20-10/18/	10/25-11/22	\$60		

PLEASE READ THE FOLLOWING STATEMENT AND SIGN BELOW

Participation in the activity may involve risk of injury. As a parent, guardian or participant, I am aware of these hazards and my ability to participate. I hereby agree to release, discharge and hold harmless the City of Milford, its employees, contracted instructors and volunteers from the liabilities which may occur while participating in the activity. I understand that participation in any recreational or sport activity involves risk. I further understand that the City of Milford does not provide accident/medical insurance for program participants. In addition, I give permission for the child(ren) to be treated by qualified medical personnel in the event that the above named parent/guardian can not be reached at the phone numbers provided.

<input type="text"/>	Date
Signature (Parent/Guardian if participant is under 18)	<input type="text"/>
Please Print Parent/Guardian name Mr. ___ Mrs. ___ Ms. ___	First Last

PHOTO PERMISSION AGREEMENT

Throughout the term of the program we will have opportunities to have our pictures published in local newspapers. We need your permission to put your child's name and photo in the paper.

I do ___ do not ___ give the Milford Recreation Department permission to have my child's name and/or picture appear in the local newspapers as a result of participating in this program.

<input type="text"/>	Date
Signature (Parent/Guardian if participant is under 18)	<input type="text"/>

Detach Here

Circle Requested Session

Program	Location	Day(s)	Times	Session 1	Session 2	Fee	PMT	BY:
Karate	Margaret Egan	Monday	5:30-6:30PM	9/21-10/26	11/2-11/30	\$50		
Ballet	Margaret Egan	Tuesday	4:00-4:45PM	9/22-11/24	N/A	\$100		
Let's Dance	Margaret Egan	Tuesday	4:45-5:30PM	9/22-11/24	N/A	\$100		
Acting	Margaret Egan	Tuesday	5:30-6:15PM	9/22-11/24	N/A	\$100		
Musical Theatre	Tri-Beach NC	Wednesday	4:00-5:30PM	9/23-11/25	N/A	\$200		
Basketball	Tri-Beach NC	Saturday	11:30-12:30PM	9/19-12/5	N/A	\$132		
Swim 1	Foran Pool	Sunday	3:00-4:00PM	9/20-10/18	10/25-11/22	\$60		
Swim 2	Foran Pool	Sunday	4:00-5:00PM	9/20-10/18/	10/25-11/22	\$60		