

Atkinson Recreation, in partnership with the Atkinson Academy

REGISTRATION FORM SUN 'N FUN - 2011

CHILD'S NAME: _____ AGE: _____

DATE OF BIRTH: _____ GRADE SEPT. 2011: _____

ADDRESS: _____ PHONE: _____

MOTHER'S NAME: _____ PHONE: _____

WORK PHONE: _____ CELL PHONE _____

EMAIL ADDRESS _____

FATHER'S NAME: _____ PHONE _____

WORK PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

CONTACT IF PARENT CAN'T BE REACHED: _____

TELEPHONE: _____ CELL: _____

MEDICAL RELEASE

In case of accident or serious injury, I hereby authorize the Atkinson Sun 'n Fun Staff to make whatever arrangements are necessary for medical attention or care for my child.

PARENT SIGNATURE. _____

MEDICATIONS:

ALLERGIES / OTHER CONDITIONS:

CHILD'S DOCTOR NAME: _____

CHILD'S DOCTOR'S TELEPHONE NUMBER: _____

TRIP RELEASE

I give my child _____ permission to attend the any of field trips offered by the Atkinson Recreation, Sun n Fun program.

PARENT SIGNATURE. _____

AMOUNT PAID FOR REGISTRATION: _____ Check # _____

AMOUNT PAID FOR T-SHIRTS: _____ Check # _____

T-SHIRT SIZE: Circle One:

Child-Sm Child-Med Child-Lg Adult-Med Adult-Lg Adult -XL