



Early Release Day Registration

EARLY RELEASE - to TOWN REC

November 14th & November 15th

Time: after school-3:30pm

MCSD releases early on November 14 & 15. Choose one day or both.

The school bus will take your Elm or Alden students from school and drop them off at the Town Rec (35 Merritt Ave) for a day of fun! Please pack a lunch for your child. The day will consist of lunch, playground time if weather permits, and arts&crafts. Pick up will be at 35 Merritt Avenue.

✓	Program Name / Dates	Resident	Non Resident
	November 14th	\$35	\$40
	November 15th	\$35	\$40
	November 14th&15th	\$65	\$75

NAME: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

PLEASE CHECK ONE: RENT OWN PROPERTY

SELECT ONE: Town of Washington Resident Other

TELEPHONE: (____) _____ CELL: (____) _____

FAMILY EMAIL ADDRESS: _____

EMERGENCY NAME & TELEPHONE _____

PARTICIPANT'S: AGE _____ GRADE _____ DATE OF BIRTH _____
(AS OF SEPT. 2018)

SPECIAL NEEDS/MEDICAL CONCERNS & ALLERGIES _____

RELEASE & CONSENT FORM
(PAGE 2 OF 3)

LAST NAME _____
EMERGENCY NAME AND TELEPHONE # _____

RELEASE/HOLD HARMLESS

AS IN ANY RECREATIONAL ACTIVITY, THERE ARE SOME INHERENT RISKS, AND INJURY MAY OCCUR. I HEREBY RELEASE AND DISCHARGE THE TOWN OF WASHINGTON, ITS AGENTS, EMPLOYEES, AND APPOINTED OFFICIALS, VOLUNTEERS, COMMISSIONS OR ASSOCIATIONS FROM ANY AND ALL CLAIMS OR ACTIONS FOR LOSSES, DAMAGES OR PERSONAL INJURIES TO MYSELF OR MY CHILD WHICH MAY OCCUR OR ARISE OUT OF MY OR MY CHILD'S PARTICIPATION IN ANY OF THE TOWN OF WASHINGTON RECREATION COMMISSION PROGRAMS OR ACTIVITIES IN WHICH I HAVE REGISTERED.

I DO ALSO REALIZE THAT THERE IS NO MEDICAL INSURANCE COVERAGE OFFERED THROUGH THE TOWN. ALL MEDICAL INJURIES THAT MAY OCCUR ARE THE SOLE RESPONSIBILITY OF THE PARTICIPANT/PARENT/GUARDIAN.

AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT

I AUTHORIZE THE PROGRAM DIRECTOR/INSTRUCTOR TO GRANT CONSENT FOR EMERGENCY MEDICAL TREATMENT, DIAGNOSTIC TESTS AND PROCEDURES, ANESTHESIA, HOSPITAL CARE AND MEDICAL AND SURGICAL TREATMENT TO BE RENDERED TO MYSELF/CHILD UNDER THE GENERAL OR SPECIAL SUPERVISION AND ADVICE OF A PHYSICIAN WHEN EFFORTS TO CONTACT YOU OR YOUR EMERGENCY CONTACT ARE IMPOSSIBLE OR IMPRACTICAL.

NAME OF PARTICIPANT: _____ Date: _____

SIGNATURE OF PARTICIPANT/PARENT/GUARDIAN: _____

PHOTO RELEASE

THE RECREATION DEPARTMENT HAS MY PERMISSION TO USE MY OR MY CHILD'S PHOTOGRAPH PUBLICALLY TO PROMOTE THE RECREATION DEPARTMENT. I UNDERSTAND THAT THE IMAGES MAY BE USED IN PRINT PUBLICATIONS, ONLINE PUBLICATIONS, PRESENTATIONS, WEBSITES, AND SOCIAL MEDIA.

SIGNATURE OF PARTICIPANT/PARENT/GUARDIAN: _____



CREDIT CARD PAYMENT AUTHORIZATION

Amount: \$ _____ please charge for the following:

- | | |
|--|--------------------------------|
| ● Dog License | ● Recreation Fees \$ _____ |
| ● Hunting License
(Include Copy of
Driver's License) | ● Pool Pass (Season Pass Only) |
| ● Transfer Station | ● Building Permit Application |
| ● Town/County
Property Tax | ● Marriage License |
| | ● Genealogy Search |

Account #: _____

Expiration Date: ____/____

3 Digit Security Code: _____

Billing Zip Code: _____

(Located on the back of card)

Card Holder Name: _____

(Exactly as it appears on card)

Billing Address: _____

Phone: () _____

Signature: _____

Date: _____

By signing this authorization form you allow the Town of Washington to charge your credit card a one-time fee for the purpose indicated above. **Credit card transactions are charged an additional fee of \$1.95 up to \$80.00 and 2.45% if over \$80.00.**

NOTES: Please specify what department and program you are paying for: _____

