

Knightdale Parks & Recreation
Spring Break Camp
Registration Form

Participant Name: _____ Age: _____

Birthdate: ____ - ____ - ____ Sex: M F Grade: K 1 2 3 4 5 6 7 School: _____

Parent Name: _____ Primary Contact #: _____

Address: _____ City: _____ Zip: _____

Email address: _____

Mark all of the sessions you would like to attend
<input type="checkbox"/> Session 1 3/30/2010 \$20 <input type="checkbox"/> Session 2 3/31/2010 \$20 <input type="checkbox"/> Session 3 4/01/2010 \$20
Number of sessions _____ x \$20 = \$ _____

Participant Information

Emergency Contact Name: _____ Phone: _____

Allergy Information: (please list): _____

Any restrictions of activity for medical reasons? (please list): _____

I, the parent/guardian of the above named participant do hereby give permission for his/her participation in the 2010 Spring Break Camp sponsored by Knightdale Parks & Recreation. I understand that participation in this recreation program involves a certain amount of risk and that my child will be transported, by bus or van, to the Recreation Center during the day for activities.

I agree to hold harmless the Town of Knightdale, Knightdale Parks & Recreation Department and staff acting on behalf of the Recreation Department from any and all liability which may result from participation in the above named program. I agree to follow all rules and procedures of the program and to follow the reasonable instructions of camp counselors.

I hereby authorize treatment by a qualified and licensed medical Doctor in the event of a medical emergency which, in the opinion of the attending Physician, may endanger my child's life, or cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Signature of Parent/Guardian: _____ Date: _____