



2016 FALL PAPER REGISTRATION FORM

One form per household. Please print clearly so we can accurately enter the information. The Primary Account Holder is the adult who will be paying for and/or signing up him/herself or household family members.

1. Primary Account Holder's

Full Name _____ Date of Birth _____ Gender _____

Street _____

City/Town _____ State _____ ZIP CODE _____

Email Address _____ (receipts sent to email addresses)

Home Phone _____ Secondary Phone (cell or work) _____

Helpful Medical Information-if you are enrolling (ie. allergies, physical difficulties, etc.-please elaborate) _____

EG Residents: In order to register on-line in the future you will need to set up an account. Please list a PASSWORD, now so your on-line account can be set up: (minimum of 6 characters) _____

2. HOUSEHOLD MEMBERS YOU ARE SIGNING UP: Immediate family members who have the same legal residence as above. (ie- school district enrollment eligible, registered voter, vehicle on the Town tax roll)

Name _____ DATE OF BIRTH _____ GENDER _____ GRADE _____

Helpful Medical Information (ie. allergies, physical difficulties, etc.-please elaborate) _____

Name _____ DATE OF BIRTH _____ GENDER _____ GRADE _____

Helpful Medical Information (ie. allergies, physical difficulties, etc.-please elaborate) _____

3. PICK UP AND RELEASE: IF YOU HAVE CHILDREN ENROLLED IN A CLASS WITH PARTICIPANTS YOUNGER THAN 7th grade and it's NOT a parent participation class, then you are REQUIRED to sign your child out after each class and show a PHOTO ID each time. Please list below the people who will be allowed to pick up your child/children. *You do not need to list the Primary Account Holder's name or the Emergency Contact's name as they will be allowed to sign out your child.* **Please include any other parent, spouse, sibling, neighbor, grandparent, sitter, or nanny who will be picking up your child.** If their name does not appear here, then your child WILL NOT be released to him/her. Changes to this information must be filled out in-person at the office or with the head instructor by the Parent/Guardian. **NOTES SENT IN WILL NOT BE ACCEPTED.**

Name: _____ Phone: _____

Name: _____ Phone: _____

4. EMERGENCY CONTACT: List the family's emergency contact. No need to list parents as they will be called first.

Name _____ Phone _____

Relationship to Family (friend, grandparent, etc.) _____

5. WALKER'S PERMISSION

My child/children _____ are allowed to walk or bike home after the activity- Yes _____ No _____ If you indicate yes, then no one will be required to sign out your child.

List child/children's name

6. CLASS INFORMATION: List below the classes you wish to sign up for. Participants can sign up for as many sessions as they choose and for as many classes as they wish. You are not limited to the number of times you can take the class.

Participant's Name	Program Name	Session (I, II)	Day	Time	Fee
Example: Mary Smith	Messy Crafts	II	Wed	9:15am	\$30

All participants and their guardians through participation in these programs acknowledge an assumption of risk of injury and agree to hold harmless, indemnify and release the Town of East Greenwich, its staff and volunteers from all liability. My signature acknowledges that I have read the flyer rules, regulations, refund policy and risk assumption and will abide by them.

Participant's Signature _____ Date _____
(Parent or guardian must sign if under 18)

2nd Adult Participant's Signature _____ Date _____

MAILING ADDRESS
Town of East Greenwich
Parks & Recreation Dept.
PO Box 111
East Greenwich, RI 02818

Make Checks Payable to:
Town of East Greenwich

REGISTRATION BEGINS ON AUGUST 26, 2016

On-line and paper registrations will be enrolled beginning at 8:45am.

If registering with a paper form, get it to the office by the first day of registration, as we will begin enrolling them lottery style at 8:45am. Walk-in, in-person registration does not begin until 8/30/16.