2017 April Vacation Registration Form

Account Holder's Full Name	**Child's Full Name**	
Account Holder's DOB	**Child's DOB**	**Grade**
Street	**Town**	**Zip Code**
Email:	**Home Phone:**	
Account Holder's Cell:	**Account Holder's Work #:**	
Spouse's Name:	**Spouse's Cell:**	
Emergency Name:	**Emergency's Phone #:**	
Child's Medical, Physical, Emotional difficulties/treatments/allergies: Please explain and add any helpful information.		
My child is allowed to walk/bike home after the activity? (No sign out required.) Yes_____ No_____		
Financial Assistance Requested? Yes_____ No_____		

!!!!!!!!!!!!!!!!!RELEASE & PICK UP INFORMATION!!!!!!!!!!!!!!!!

Your child will only be released to the parents and emergency contact listed above and to the people listed here. Changes to this information must be filled out in person at the office by the parent/guardian. Phone calls or notes sent in with the child/friend will **NOT** be accepted. **Photo ID required at pick up.**

Name, Address, Phone	*Name, Address, Phone*

*My child **MUST NOT** be released to the following person: ie. restraining orders*
Name: Address:

PLEASE CIRCLE THE TRIP OR ACTIVITY OF YOUR CHOICE

Mon, 4/17/17	Tues, 4/18/17	Wed, 4/19/17	Thur, 4/20/17	Fri, 4/21/17
Mad Science $21	Casey Farm $17	KidzArt $21	Mystic Seaport $34	Laser Gate $24
Battleship Cove $27	5 Wits $28	Roller Skate $18		Hike $10
Extended Day $10	Extended Day $10	Extended Day $10	Extended Day $7	Extended Day $10
TOTAL $	TOTAL $	TOTAL $	TOTAL $	TOTAL $

All participants and their guardians, through participation in these programs acknowledge an assumption of risk of injury and release the town and its staff from all liability. My signature acknowledges that I have read the flyer rules, regulations and risk assumption and will abide by them.

_____ _____

Parent/Guardian's Signature **Date**