

# HOPKINTON RECREATION-REGISTRATION FORM

## After School Program at Crandall Field

This program is open to children in grades K-4 during the school year. Under the supervision of our recreation staff, children will participate in creative activities, outdoor play, and homework club. A healthy snack will also be provided. Transportation is available to children who are enrolled full time (M-F) through the school bus company, Ocean State Transit. You are required to complete the "Request for Change of Bus Stop" form on the back of this page and return to the Ashaway School office in order for your child to ride the bus from Ashaway School to Crandall Field. You may also obtain the form by clicking onto <http://www.chariho.k12.ri.us/sites/default/files/bus-stop-change.pdf>. Program hours are 3:30PM-6:00PM and the weekly fee is \$75 or \$6/hour. There is a \$5 charge for pick up any time before 4:15PM. We offer a sibling discount; 50% off the second child, 75% off the third child, the remaining children in one family are free. On early release Thursdays there is an additional fee of \$5. **Children must be picked up promptly at 6:00PM. We will allow a 5 minute grace period, then you will be charged \$1.00/minute anytime after 6:05PM.**

CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

### RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

I agree to the unreserved use of my name and/or likeness (including photographs, videotapes and other depictions) for publicizing Hopkinton Park and Recreation Department activities. In CONSIDERATION of the acceptance of the application for entry into the classes or activities listed above, I hereby WAIVE, RELEASE and DISCHARGE any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me as a result of my participation in said classes or activities. This release is intended to discharge in advance the town Hopkinton, the Town Council, the Hopkinton Recreation Commission, its officers, agents and employees from and against any and all liability arising out of or connected with my participation in said classes or activities. I HAVE READ THE DESCRIPTION IN THE BROCHURE OF EACH CLASS OR ACTIVITY FOR WHICH I HAVE REGISTERED AND I AM AWARE THAT THESE CLASSES OR ACTIVITIES SUBJECT ME TO PHYSICAL RISKS AND DANGERS. NEVERTHELESS, I VOLUNTARILY AGREE TO ASSUME ANY AND ALL RISKS OF INJURY OR DEATH, AND TO RELEASE, DISCHARGE AND HOLD HARMLESS ALL OF THE ENTITIES OR PERSONS MENTIONED ABOVE. It is understood and agreed that this waiver, release and assumption of risk is to be binding on my HEIRS, PERSONAL REPRESENTATIVES, NEXT OF KIN, SPOUSE AND ASSIGNS.

**Parent or guardian must sign for youth 18 and under. Signature indicates registrant agrees with all registration and refund policies. Registration is not complete without signature.**

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

CHILD'S NAME \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ ADDRESS \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

LIST EMPLOYER OR WHERE PARENTS CAN BE REACHED DURING PROGRAM HOURS:

MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACTS/PICK UP LIST**

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List name and phone number of nearest relative or friend if parent cannot be reached AND who is authorized to pick up your child from camp:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LIST ANY ALLERGIES, MEDICAL RESTRICTIONS, OR EXISTING MEDICAL CONDITIONS THAT WE MAY NEED TO BE AWARE OF

\_\_\_\_\_

LIST ANY MEDICATIONS YOUR CHILD IS TAKING

\_\_\_\_\_

LOCAL PHYSICIAN'S

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

PLEASE BE AWARE THAT WE ARE NOT AUTHORIZED TO ADMINISTER MEDICATION TO YOUR CHILD. WE ARE RESTRICTED TO BASIC FIRST AID. THERE IS NOT A REGISTERED NURSE ON SITE.

I AUTHORIZE THE STAFF AT THE HOPKINTON RECREATION DEPT. TO CALL FOR AN AMBULANCE FOR MY CHILD IN THE CASE OF A MEDICAL EMERGENCY.

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**SIGNATURE**

**DATE**