

**2009-2010 Knightdale Parks and Recreation Track Out Program**

950 Steeple Square Court Knightdale, NC 27545      919-217-2232/2234/2235

**Program Registration**

<b>Track 1</b>	
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Participant's Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade \_\_\_\_ (09-10 School year) School \_\_\_\_\_

<b>Head of Household</b>	
Name: _____	Birthdate ____/____/____
Mailing Address _____	City _____ Zip _____
Primary Phone (____) _____	Secondary Phone (____) _____
Email _____	

**A \$25 deposit is required for each break and session at the time of registration.**

**Payment in full is required 10 business days prior to the start of each session.**

**\*Kindergartners' for Track 1 may attend beginning Session 1**

***Only mark the sessions for which you are applying a deposit or paying in full***

Session	Deposit	ck #	rcpt #	Balance	ck#	rcpt #
<input type="checkbox"/> 1. Sept 8-11      \$100						
<input type="checkbox"/> 2. Sept 14-18      \$100						
<input type="checkbox"/> 3. Sept 21-25      \$100						
<input type="checkbox"/> 4. Nov 30-Dec 4      \$100						
<input type="checkbox"/> 5. Dec 7-11      \$100						
<input type="checkbox"/> 6. Dec 14-18      \$100						
<input type="checkbox"/> 7. March 8-12      \$100						
<input type="checkbox"/> 8. March 15-19      \$100						
<input type="checkbox"/> 9. March 22-26      \$100						
<input type="checkbox"/> 10. June 9-11      \$60						
<input type="checkbox"/> 11. June 14-18      \$100						
<input type="checkbox"/> 12. June 21-25      \$100						
<input type="checkbox"/> 13. June 28-30      \$60						

I have verified my selections above and understand the refund policy. I also understand that the Program Registration form, the Participant Information form and payments are due to the Knightdale Parks and Recreation Department prior to my child/ren being dropped off at Track Out Camp. Payments may not be made at Track Out Camp.

By signing below I verify that I have read, understand and agree to abide by the policies stated in the Track Out Handbook; I also verify that I have discussed the expectations of behavior with my child(ren).

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Track 1: Participant Information</b>	<b>Participant Name:</b> _____
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Name of Parent/Guardian 1 \_\_\_\_\_

Home #1 \_\_\_\_\_ Work #1 \_\_\_\_\_ Cell #1 \_\_\_\_\_

Name of Parent/Guardian 2 \_\_\_\_\_

Home # 2 \_\_\_\_\_ Work # 2 \_\_\_\_\_ Cell # 2 \_\_\_\_\_

**Participant Release Information (as noted in the Handbook)**

Name	Cell Number	Work Number

**Health Information**

Please indicate (check) if your child has or is subject to:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> asthma         | <input type="checkbox"/> diabetes        | <input type="checkbox"/> fainting spells |
| <input type="checkbox"/> heart trouble  | <input type="checkbox"/> seizures        | <input type="checkbox"/> sinus trouble   |
| <input type="checkbox"/> ear infections | <input type="checkbox"/> motion sickness | <input type="checkbox"/> hyperactivity   |

Allergies? (Please List)

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Any restrictions of activity for medical reasons? Please List:

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Swimming ability:    None                      Beginner                      Intermediate                      Advanced                      Diving Well

**Late Fee Policy**

A \$5 charge will be assessed for any part of the first ten minutes after 6:00 pm you arrive. After 6:10 pm, an additional \$5 will be assessed for each additional 5 minutes. The late fee must be paid before your child will be allowed to return to camp.

**Waiver**

I have verified my answers above. I understand that the Program Registration form, the Participant Information form and payments are due to the Knightdale Parks and Recreation Department prior to my child/ren being dropped off at Track Out Camp. Payments may not be made at Track Out Camp.

By signing below I verify that I have read, understand and agree to abide by the policies stated in the Track Out Handbook; I also verify that I have discussed the expectations of behavior with my child(ren).

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Photography/Video Waiver**

I authorize Knightdale Parks and Recreation to use videotape, audio or photographic materials of myself or dependent children, for the purpose of promotional materials for the Town of Knightdale programs and services. This includes any printed material, broadcast and print advertising, promotional videos EWTN 22 and the Town website. I understand that my child's name is not published.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_