

2009-2010 Knightdale Parks and Recreation Track Out Program

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

Program Registration

Track 3	
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Participant's Name _____ Birthdate ____/____/____

Grade ____ (09-10 School year) School _____

Head of Household		
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 3 may attend beginning Session 4**

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. July 27-31 \$100						
<input type="checkbox"/> 2. August 3-7 \$100						
<input type="checkbox"/> 3. August 10-14 \$100						
<input type="checkbox"/> 4. Oct 19-23 \$100						
<input type="checkbox"/> 5. Oct 26-30 \$100						
<input type="checkbox"/> 6. Nov 2-6 \$100						
<input type="checkbox"/> 7. Jan 21-22 \$40						
<input type="checkbox"/> 8. Jan 25-29 \$100						
<input type="checkbox"/> 9. Feb 1-5 \$100						
<input type="checkbox"/> 10. Feb 8-10 \$60						
<input type="checkbox"/> 11. April 26-30 \$100						
<input type="checkbox"/> 12. May 3-7 \$100						
<input type="checkbox"/> 13. May 10-14 \$100						

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 _____

Track 3: Participant Information	Participant Name: _____
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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)

Any restrictions of activity for medical reasons? Please List:

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 _____