

## 2010-2011 Knightdale Parks and Recreation Track Out Program

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

### Program Registration

Participant's Name \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade \_\_\_\_ (10-11 School year) School \_\_\_\_\_

**Head of Household**

Name: \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone (\_\_\_\_) \_\_\_\_\_ Secondary Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

***New for 2010-2011-Pay per day.***

**You no longer need to sign up for the entire week, just choose the days you need. Camp is available every day except the following: 2010-July 5, September 6, November 11, November 25 & 26, December 24, 27 & 31  
2011-January 17, April 22, May 30**

**You must be registered the Thursday prior to the week/days you need (no exceptions). A \$5 deposit per day is required at the time of registration; balance is due 1 week prior to the week/day you have registered for.**

**Cost: \$22 per day**

<b>Write the dates you need here</b>	Deposit	ck #	rcpt #	Balance	ck#	rcpt #
<input type="checkbox"/> 1.						
<input type="checkbox"/> 2.						
<input type="checkbox"/> 3.						
<input type="checkbox"/> 4.						
<input type="checkbox"/> 5.						
<input type="checkbox"/> 6.						
<input type="checkbox"/> 7.						
<input type="checkbox"/> 8.						
<input type="checkbox"/> 9.						
<input type="checkbox"/> 10.						
<input type="checkbox"/> 11.						
<input type="checkbox"/> 12.						
<input type="checkbox"/> 13.						

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 (available at [www.knightdalenc.gov](http://www.knightdalenc.gov)); I also verify that I have discussed the expectations of behavior with my child(ren).

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

<b>2010-2011 Track Out Camp</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)

\_\_\_\_\_

\_\_\_\_\_

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.

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 EWTV 22 and the Town website. I understand that my child's name is not published.

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