



RADISSON SUMMER RECREATION PROGRAM REGISTRATION – 2019

3128 Amesbury Drive * Baldwinsville, New York 13027 * p. 315- 635-7171 * f. 315-635-7182 * www.radissoncommunity.org

ONE FORM PER CHILD ❖ INCOMPLETE FORMS WILL NOT BE PROCESSED

COST: \$85/child \$140/*family (cash or check payable to RCA)

FAMILY RATE is applicable only to participants residing at the same address

LOCATION: Kerri Hornaday Memorial Park

DATES: July 1 – August 2 (Mon-Fri)

K – 1ST Graders: 9am – 11am	2ND – 7TH Graders: 9am – NOON
CAN NOT check-in/out without an adult MUST be potty trained AND 5 years of age by 12/1/2019 NO EXCEPTIONS to any of these requirements	<input type="checkbox"/> Check here if participant can check-in/out alone. This allows participant to come and go ANYTIME during the program. In the case of inclement weather, participant would be sent home.

PARTICIPANT'S NAME: _____ Corp Park Employer: _____

(non-resident members only)

DATE OF BIRTH: _____ AGE: _____ GRADE IN FALL: _____ BOY GIRL

ADDRESS: _____ EMail: _____
City/Zip (non-resident): _____ **RESIDENTS: Sign up online to get eMails or texts about Summer REC updates, including cancellations.**

PARENT NAME: _____ PHONE: _____

PARENT NAME: _____ PHONE: _____

EMERGENCY INFORMATION - We will attempt to contact parents first. An additional local backup contact is required.

CONTACT'S NAME: _____ RELATION TO PARTICIPANT: _____

ADDRESS: _____ PHONE: _____ AltPhone: _____

PHYSICIAN: _____ PHONE: _____

Medical Concerns/Allergies/Special Needs: _____

PARTICIPANT MAY BE RELEASED TO (i.e. babysitter, neighbor, etc.)

NAME	ADDRESS	PHONE

Waiver Agreement: I hereby give my consent for the above named applicant to participate in the Radisson Summer Recreation Program. I further release and agree to hold harmless the Radisson Community Association, Inc. ("RCA"), its employees, agents, representatives and any volunteers from any and all injury, claims, and liabilities whatsoever that might be incurred as a result of participation in said program. I further grant the RCA, its employees, agents, representatives and any volunteers or emergency medical personnel permission to provide my child/participant with emergency or medical treatment should that become necessary. **I give permission for photos taken during the program to be used by RCA.** (Submit written notice to revoke permission.) I have read this document carefully, understand its terms, and voluntarily sign it understanding its significance. **Refunds/Fees:** Refunds allowed only until second day of program. **\$10** processing fee on all refunds. Returned check fee, **\$30**. Exceptions to policy must be granted by the RCA Executive Director.

Signature: _____ Date: _____ Total Due \$ _____

<u>RCA Use Only</u> 04/2019							
Staff Init	Date	\$\$ Amount	Chk#/Csh#	Split Payment	ROSY	#	