

# FALL PROGRAM ENROLLMENT FORM

Participants Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB \_\_\_\_\_ Phone # \_\_\_\_\_

*Check the box to register for program and return to the Rec Office with payment*

- |   |  |
|---|--|
| <input type="checkbox"/> - Toddler Time                   | \$10.00 per family   |
| <input type="checkbox"/> - Elementary Time                | \$10.00 per family   |
| <input type="checkbox"/> - Friday Night Games Session I   | \$25.00 per child  |
| <input type="checkbox"/> - Friday Night Games Session II  | \$25.00 per child  |
| <input type="checkbox"/> - T.G.I.F.                       | \$15.00 per child  |
| <input type="checkbox"/> - BI Travel Soccer Club          | \$95 per child   |
| <input type="checkbox"/> - BI Youth Soccer                | \$30.00 per child  |
| <input type="checkbox"/> - BI Youth Soccer PreK           | \$15.00 per child  |
| <input type="checkbox"/> - Rec Center                     | \$45.00 per child  |
| <input type="checkbox"/> - Youth Basketball League        | \$30.00 per child  |
| <input type="checkbox"/> - Narragansett Basketball League | \$125.00 per child   |
| <input type="checkbox"/> - Sunday River Ski Trip          | Register Rec Office  |
| <input type="checkbox"/> Xmas Shopping Trip               | Register Rec Office  |
| <input type="checkbox"/> Turkey Trot                      | <a href="http://www.blockislandchamber.com">www.blockislandchamber.com</a> |
| <input type="checkbox"/> Field Trip _____ (specify )      | Register Rec Office  |

This release is made to allow \_\_\_\_\_ to participate in Recreation Activities. I certify that my child or myself is in good physical health and may participate in strenuous physical activities. I hereby release and discharge the Block Island Recreation Department from any and all liability, claims, demands, and causes of action for personal injury, property damage, and or other loss suffered by my child or myself in connection with participation in these programs.

I represent that I am a parent/guardian of the minor named above or I represent and I agree that the grant and release contained therein binds minor and me to all of its items.

\_\_\_\_\_  
- Parent/Guardian Signature for under 18  
- Registrant Signature

\_\_\_\_\_  
Date

## CHILD RELEASE PROCEDURES

Please choose the child release procedure that you want followed. **If no option is checked, Option A will be used:**

\_\_\_\_\_ **Option A: Open Release** – Child is allowed to leave at the conclusion of the activity

\_\_\_\_\_ **Option B: Authorized List** – Child will be released to an adult.