**P A R T I C I P A N T I N F O R M A T I O N**

Last Name: First Name:

Mailing Address: Phone #: Age: Grade:

Street Address: e-mail address:

**P A R E N T / G U A R D I A N I N F O R M A T I O N**

Mother/Guardian1: Work Phone #s:

Father/Guardian2: Work Phone #s:

Emergency Contact: Phone #

**EMERGENCY INFORMATION**

Please list any medical issues, such as allergies, medication, or injuries that we should be aware of:

**SWIMMING ABILITY**

As your child will be participating in swimming activities, it is important for us to know his/her swimming ability. Please check off the most appropriate from the following:

   

NONE FAIR AVERAGE EXCELLENT

**P R O G R A M S & F E E S**

**BASIC REC**

Visitor Fee (per week)……$155.00

**JUNIOR/EXPLORER GROUP**

Visitor Fee (per week) $155.00

**P A Y M E N T S**

**Week(s) AMT DUE AMTPD BALANCE CHECK# DATES**

1.

2.

3.

4.

**Sunscreen Consent**

Due to State/Federal protocol, our staff needs parental/guardian consent to apply and re-apply sunscreen to your child. Without your consent your child is at risk of sunburn and all other possible health risks. We appreciate your understanding and cooperation with this matter.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

**Photo Release**

I grant to Hollis Recreation, its representatives and employees the right to take photographs of my child in connection with Summer Recreation Programs. I authorize Hollis Recreation, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Hollis Recreation may use such photographs of my child for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I do: \_\_\_\_ I do not \_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date