

# September After School Recreation Program K - 4th Grade (Limit 30 Children)

Please Print

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency #: \_\_\_\_\_

Allergies: \_\_\_\_\_

**CBW**

**Potter School**

**Bayville School**

**BTES**

**\$225 Per Child for 6 Weeks**

**\$135 For Each Additional Child**

Agreement to Participate (parent or guardian, please read & sign) : I, the parent or guardian of the above named child, hereby give my approval to participate in the activities associated with our program. I assume all risks & hazards incidental to such participation, including transportation to these activities, and do hereby waive, release, absolve, indemnify and agree to hold harmless Berkeley Township, and all of its employees, participants, etc, whether the result of negligence or any other cause, except to the extent and in the amount covered by the Township's secondary accident insurance.

Parent or Guardian Signature: \_\_\_\_\_

Parent or Guardian Name (Please Print): \_\_\_\_\_

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| For Office Use:<br>Amount Paid: _____ Check # _____ Cash: _____ Receipt# _____ |
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