

JUST FOR FUN REGISTRATION FORM



GENERAL INFORMATION

Child's Name: _____ Birthdate: ____/____/____ Gender: M F

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Parent/Guardian First and Last Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: (____) ____ - _____ Work Phone: (____) ____ - _____ Email: _____

Child Care Provider: _____ Phone: (____) ____ - _____
Address: _____ City: _____ State: _____ Zip: _____

Are there any specific limitations we need to be aware of (e.g. allergies, medications, disabilities, asthma, behaviors, etc.)?

Please Note: This is a drop-in recreation program, so children are free to come and go. If your child wishes to go home or not participate in the program, please indicate if you would like him/her to notify you before leaving the program (you and your child need to establish this procedure). Children are allowed to use the phone to call home.

- Please have him/her call before coming home & make sure someone is home (if no one home, we will call emergency contact to see what to do).
- My child can leave without calling.
- My child may go home with the following authorized adult guardian: _____
- Other: _____

EMERGENCY CONTACT INFORMATION

In case of an emergency or if your child is sent home, whom should we contact?
Name: _____ Phone: (____) ____ - _____

The Grand Forks Park District does not carry medical or accident insurance for program participants. The Park District's staff and management have taken steps to reduce, as much as possible, injuries from accidents and mishaps during participation in recreation programs.

BIG KIDS

12:30 pm - 4:00 pm

Ages 6-10 yrs (must have completed kindergarten)

PROGRAM FEE: \$50.00

REGISTRATION DEADLINE: JUNE 26, 2020

LATE FEE AFTER DEADLINE: \$10

- BEN FRANKLIN (429160-02)
- LIONS (429160-07)
- COX (429160-03)
- OPTIMIST (429160-08)
- UNIVERSITY (429160-10)
- LINCOLN DR. (429160-06)
- RIVERSIDE (429160-13)

PAYMENT INFORMATION

PAYMENT METHOD

Credit Card Cash Check

CREDIT CARD INFORMATION

Mastercard Visa Amex Discover

Credit Card #: _____ CVV: _____

Expiration Date: _____

X _____

CUSTOMER SIGNATURE

MAKE ALL CHECKS PAYABLE TO:

Grand Forks Park District

Summer Registration

PO Box 12429

Grand Forks, ND 58208-2429

YES, I WOULD LIKE TO DONATE \$5 TO HELP A LOCAL CHILD STAY ACTIVE THIS SUMMER. PLEASE ADD \$5 TO YOUR TOTAL.

TOTAL PAID \$

I have read and completed this application and understand that this is a recreation program only and not a Childcare Center.

I further understand that all medical bills incurred are the responsibility of the parent/guardian and not the responsibility of the Grand Forks Park District.

Parent/Guardian: _____ Date: _____