

**Belmont Recreation Department**  
**Summer Program Registration 2016**  
*COMPLETE AND BRING OR MAIL TO: P.O. BOX 56, BELMONT MA 02478*

Child's Name:

Date of Birth:

Home Address:

Home Phone:

Alternate Phone:

Email Address:

Allergies, Concerns or Conditions:

**Names of people authorized to pick up your child:**

Week 1. June 20 June 24

Early Drop Off Option: Add \$50  
(check if yes)

Extended Day Option: Add \$85  
(check if yes)

Program Name:

Week 2. June 27 - July 1

Early Drop Off Option: Add \$50  
(check if yes)

Extended Day Option: Add \$85  
(check if yes)

Program Name:

**\*\*Week 3. July 5 - July 8\*\***

Program Name:

Early Drop Off Option: Add \$40  
(check if yes)

Extended Day Option: Add \$68  
(check if yes)

Week 4. July 11 - July 15

Program Name:

Early Drop Off Option: Add \$50  
(check if yes)

Extended Day Option: Add \$85  
(check if yes)

Week 5. July 18 - July 22

Program Name:

Early Drop Off Option: Add \$50  
(check if yes)

Extended Day Option: Add \$85  
(check if yes)

Week 6. July 25 - July 29

Program Name:

Early Drop Off Option: Add \$50  
(check if yes)

Extended Day Option: Add \$85  
(check if yes)

Week 7. August 1 - August 5

Early Drop Off Option: Add \$50

Extended Day Option: Add \$85

Week 8. August 8 - August 12

Program Name:

Early Drop Off Option: Add \$50  
(check if yes)

Extended Day Option: Add \$85  
(check if yes)

I, the undersigned, parent/guardian a minor, or myself as a participant, do hereby consent to my/ his/her participation in voluntary athletic programs and do forever release, acquit, discharge, and covenant to hold harmless the Town of Belmont from any and all actions, causes of action, and claims on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which I may now or hereafter have for myself or as the parent of said minor, and also all claims or right of action for damages which myself or said minor has or hereafter may acquire, either before or after I/ he/she has reached his/her majority resulting from his/her participation in Belmont Recreation programs. It is understood that in the event that I/my child should require any minor medical or surgical treatment and/or medication during this event and I am not present, I authorize such physician or emergency care staff that the Belmont Recreation Department may appoint or designate to carry out the necessary treatment, or to take my child to the emergency room of the nearest hospital and I further authorize the hospital and its medical staff to provide the treatment deemed necessary by them for the well-being of myself/my child. It is understood that if hospitalization or treatment of a more serious nature is required for my child, every effort will be made to contact me.

For publicity purposes, program staff may take photos which may be used on the Department's website or Facebook page or in the Town's newspaper. Please let us know if you have any objection or concern regarding this policy.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date