

Green River After School Program GRASP & Plato's Registration Form

- Truman**
- Jackson (Transported to Truman)**
- Harrison (Transported to Truman)**
- Washington (Transported to Truman)**
- 5 punches = \$30**
- 10 punches = \$60**
- 15 punches = \$90**
- 20 punches = \$120**
- 25 punches = \$140 / discount \$10**
- 30 punches = \$165 / discount \$15**
- Half Day of GRASP \$6**
- Full Day of GRASP \$12**

Additional children will be 1/2 price.

Child #1 First Name _____ Last Name _____

Birth Date: _____ Age: _____ Sex: M / F In or entering grade (16/17 school year) _____

Please list any medical conditions and/or medications: _____

Child #2 First Name _____ Last Name _____

Birth Date: _____ Age: _____ Sex: M / F In or entering grade (16/17 school year) _____

Please list any medical conditions and/or medications: _____

Child #3 First Name _____ Last Name _____

Birth Date: _____ Age: _____ Sex: M / F In or entering grade (16/17 school year) _____

Please list any medical conditions and/or medications: _____

Parent #1 First Name _____ Last Name _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent #2 First Name _____ Last Name _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

If Parents/Guardians (above) are not available in the event of an emergency, notify:

Name _____ Phone # _____ Alternate # _____

Name _____ Phone # _____ Alternate # _____

OVER



AUTHORIZATION TO RELEASE: The following are the **only individuals, other than the parent/guardians, authorized to pick up my child** should I not be able to do so. **Your child will not be released to anyone not on this list!!!** These individuals will be required to show identification if they are not known or recognized by the camp staff. **No one under the age of 18 will be allowed to pick up your children.** Name(s) can be added to, or taken off of this list with your authorization only. **(If restraining orders are in place please speak to the Recreation Supervisor immediately!)**

- 1. Name: _____ Relationship: _____ Phone: _____
- 2. Name: _____ Relationship: _____ Phone: _____
- 3. Name: _____ Relationship: _____ Phone: _____

All children at GRASP must be picked up by a parent, guardian, or authorized adult and cannot walk home.

Medical Information

Does your child have any medical or physical conditions that parks and recreation staff should be aware of?

YES / NO **If yes, please explain:** _____

Will your child require medications while participating in a City of Green River Park & Recreation Department Activity?

YES / NO **If yes, please fill out the Medication Authorization form.**

Doctors Name: _____ **Phone:** _____

Dentists Name: _____ **Phone:** _____

We are **NOT** affiliated with the school district; therefore they cannot share information about your child with us. If your child is on an IEP, has a learning or emotional disability, or needs extra help in any way, please explain below so we can best help your child throughout our program.

I hereby give my consent and certify that _____ is in normal health and capable of participating in the Green River After School Program. I understand that participation in GRASP involves certain risks and that regardless of the precautions taken by the Green River Parks and Recreation Department, or the participants, some injury may occur.

Parent/Guardian: _____ **Date:** _____
(Signature)

(Please complete form and return to the Green River Recreation Center with payment)
(The City will only take guaranteed funds which include cash, credit card or money order)

