

Bethlehem Parks and Recreation Activities at BES!

Fun, Healthy, and Exciting!

<u>Activities</u>	<u>Grades</u>	<u>Date & Time</u>	<u>Cost</u>	<u>Register</u>
Dodgeball	3 - 5	Tuesdays 3:15 pm - 4:30 pm 11/29, 12/6, 12/13, 12/20	\$50	_____
Dodgeball	K - 2	Thursdays 3:15 pm - 4:30 pm 12/1, 12/8, 12/22, 1/5	\$50	_____

Total \$ _____

I give my child _____ permission to stay after school for the above stated activity and dates. Parent/Guardian signature _____

I give permission for Bethlehem Parks and Recreation to photograph my child. YES | NO

SPACE IS LIMITED – NO MAKE-UP CLASSES – CLASSES FOLLOW THE SCHOOL SCHEDULE

YOU MUST SEND REGISTRATION TO PARKS AND RECREATION, P.O BOX 160, BETHLEHEM, CT 06751 NO LATER THAN TEN DAYS PRIOR TO THE START OF PROGRAM. PLEASE DO NOT SEND REGISTRATION TO THE SCHOOL. PLEASE NOTE THAT THERE IS NO NURSE ON DUTY

BETHLEHEM PARKS & RECREATION REGISTRATION FORM

I GIVE PERMISSION FOR MY CHILD/SELF TO TAKE PART IN THE ABOVE-NAMED ACTIVITY. BY SIGNING THIS FORM, I WAIVE ALL CLAIMS AGAINST THE TOWN OF BETHLEHEM, PARK & RECREATION DEPARTMENT, AND ALL PERSONNEL FROM ANY LIABILITY FOR INJURIES, LOSS, OR OTHER CLAIMS RESULTING FROM PARTICIPATION IN THIS ACTIVITY. IF I CANNOT BE REACHED, I GIVE PERMISSION TO THE ATTENDING PHYSICIAN, PROGRAM SUPERVISOR, OR HOSPITAL TO SECURE PROPER TREATMENT FOR MY CHILD OR MYSELF.

CHECK HERE IF YOU PAID BY CREDIT CARD ONLINE _____ Date of Transaction _____

SIGNED PARENT/GUARDIAN/SELF: _____ DATE: _____

PARTICIPANTS NAME: _____ DOB: _____

ADDRESS: _____

PHONE: _____ EMERGENCY PHONE: _____

EMAIL ADDRESS: _____

PICK-UP INFORMATION: _____

ANY MEDICAL CONDITIONS THE RECREATION DEPARTMENT SHOULD BE AWARE OF?
