

**Please fill out one registration form per child. Return this form with payment to Elementary Office or City office by May 20<sup>th</sup>!**

## Flandreau Summer Recreation Program Summer 2016

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Parents/Guardian Name: \_\_\_\_\_

Preferred Phone # \_\_\_\_\_

Mom's Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Dad's Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Grade August 2016 \_\_\_\_\_ Child's Birth date \_\_\_\_\_ Child's Current Age \_\_\_\_\_

Emergency Contact (other than listed above) \_\_\_\_\_ # \_\_\_\_\_

Please list any allergies that your child has (including foods) and medications he/she takes

\_\_\_\_\_

**Registering for: (Please circle)**

**\*Completed forms & payment are due by May 20th and can be turned in to Lori Kneebone at the Elementary School Office or the Flandreau City office. Please make checks out to the City of Flandreau. If you have any questions, contact Lori Kneebone at 997-2205 or email [Lori.Kneebone@k12.sd.us](mailto:Lori.Kneebone@k12.sd.us)**

Soccer \$15	Golf \$15	TBall \$15	Basketball \$15	Summer Sludge \$15
Computer Camp \$15	Studio 52 Dance \$15	Studio 52 Painting \$15  Circle Please AM or PM Class	Fire Up For Football \$15	Missoula Children's Theatre \$10

TOTAL: \$ \_\_\_\_\_

PARENT READ/SIGN: \_\_\_\_\_ HAS MY PERMISSION TO PARTICIPATE IN ALL ACTIVITIES OF THE ABOVE REGISTERED PROGRAM. In case of emergency I authorize the programs' assigned personnel to administer first aid treatment, transport the participant to the nearest hospital if necessary, and notify me as quickly as possible. In the event of an emergency due to accidents beyond their control, I hereby release Flandreau supervisors, employees, and program volunteers from all liability.

Signature \_\_\_\_\_

Date \_\_\_\_\_