Hendersonville Parks Dept.
2018 Summer Program Participation Form

Summer Funtastiks _____ **KIDS CLUB (Special Needs) _____**

Participant's Name _____ Phone _____
First MI Last

Address _____ City _____ Zip _____

D.O.B. ___/___/___ o Male o Female Shirt: YS YM YL AS AM AL AXL AXXL

Check PRIMARY contact
o Father_____ Cell _____ E-mail _____
o Mother_____ Cell _____ E-mail _____

Emergency Contact:
Name _____ Phone _____

Medical _____
Alerts / Issues _____

Insurance Carrier _____ Policy# _____

TO ALL PARENTS: PLEASE READ INFO AND WAIVER BELOW CAREFULLY:
I, parent or guardian of the aforementioned child in the Parks programs, hereby give permission for participation in all activities during the program. I assume all risks and hazards incidental to program participation and hereby waive, release, absolve, indemnify and agree to hold harmless the organization, the organizers, sponsors, supervisors, participants, The City of Hendersonville, the Parks Department, and the Sumner County Board of Education for any claim arising out of any injury to the above-named child. I also grant permission for the managing personnel or representative to authorize and obtain medical care in case of illness or injury when parent cannot be available to grant said permission. I certify that all of the above information is true. I understand that misrepresentation could result in suspension from the program. I fully understand all the program requirements and regulations pertaining to medications and behaviors.
I further agree and acknowledge that my child is physically and mentally capable of participation in all activities for which my child is enrolled in. Participation is defined as and includes: 1) being able to maintain oneself independently with the program's child/playleader ratio, 2) having the ability to follow all the behavior codes set in place, and 3) exhibits no display of harmful actions to themselves, other children, or the workers in the program. I also understand that the Hendersonville Parks Department reserves the right to deny registration or placement in any Parks Department programs if the child cannot participate moderately independently in ALL activities. If my child deems not capable of such participation, I understand that registration or placement in the program can and/or will be denied or terminated without refund of fees paid. I understand that refunds will only incur prior to the start of programs and the ability to replace the position. If the child is asked to be removed from the program it will be without financial reimbursement or compensation.

_____ _____ _____
Parent or Guardian Signature *Relationship* *Date*

Summer Funtastiks			**KIDS CLUB**		
Program Fee	$ 545	(includes bag and shirt)	Program Fee	$245	(includes bag and shirt)
Non-Resident	$ 40	(add if out of city limits)	Non-Resident	$ 40	(add if out of city limits)

Checks payable: City of Hendersonville *** Please note there will be a $20 fee for any returned check****

----------*Office Use Only*----------

Fee Paid $ _____ □ Cash □ Check # _____ Parks Dept. (initials) _____ Date: _____

Office Notes _____