

# STERLING RECREATION DEPARTMENT

## 2024 SUMMER PROGRAM REGISTRATION FORM (Please print clearly)

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Parent e-mail: \_\_\_\_\_

Will your child be attending summer school? **YES or NO** Shirt size: S M L XL AS AM AL

Emergency contact/Pickup person #1	Emergency contact/Pickup person #2
Name: _____	Name: _____
Address: _____	Address: _____
Phone Number(s): _____	Phone Number(s): _____
Relation: _____	Relation: _____

Additional Available Pickup Person/People	
Name: _____	Name: _____
Relation: _____	Relation: _____
Phone Number(s): _____	Phone Number(s): _____

Is there any other information that you feel that we will need to know when your child is in our care? YES or NO Ex. allergies, medical condition, dietary needs etc. If yes, please explain:
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I hereby waive any and all claims against the Town of Sterling, which I may or shall in the future have against the Town of Sterling, its agents or employees, for any property damage or loss, or personal injuries resulting from the recreation programs organized by the Recreation Department, whether or not used by the negligence of the Town of Sterling and /or its agents and employees. Due to the strenuous nature of some of these programs the Town of Sterling strongly recommends that each person consult with their physician as to the extent of their participation. I understand that refunds will only be provided if the Recreation Department cancels the program. I give consent to use names, photographs and /or videos taken of me/my child in future promotional or marketing materials.

I am registering for **ALL** 7 weeks of camp Yes [ ] No [ ]

I am a Sterling resident Yes [ ] No [ ] I will attend either Tues, 6/25 [ ] OR Wed, 6/26 [ ] parent meeting

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\* OFFICE USE ONLY\*\*\*\*\*

Amt. paid \_\_\_\_\_ cash/check Check # \_\_\_\_\_ Initial \_\_\_\_\_ Date \_\_\_\_\_